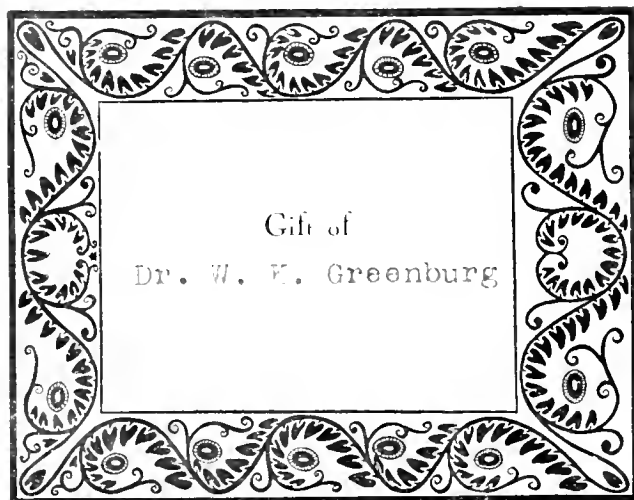


PHOTOGRAPHIC ATLAS
OF THE
DISEASES OF THE SKIN
BY
GEORGE HENRY FOX M.D.



UNIVERSITY OF CALIFORNIA
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PHYSICIANS' EDITION

PHOTOGRAPHIC ATLAS
OF THE
DISEASES OF THE SKIN⁷
IN FOUR VOLUMES

*A Series of Ninety-six Plates, Comprising nearly Two Hundred
Illustrations, with Descriptive Text, and a Treatise
on Cutaneous Therapeutics*

BY
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ETC.

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PREFACE

Since the publication of Professor Hebra's remarkable Atlas of Skin Diseases, nearly a half century ago, a goodly number of others of more or less merit have been presented to the medical public. Many of these have fallen as far short of Hebra's standard of excellence as did those of Alibert, Willan, Rayer, and other predecessors. Indeed, a comparison of atlases published during the past century would plainly show that there has been but little advance in either artistic delineation or the technique of lithography. In artistic photography, on the other hand, immense strides have been made in recent years. New methods of duplicating photographs by mechanical means and recent improvements in the art of color printing have rendered photography in some one of its modified forms, the most accurate and economical method of reproducing in a life-like manner the varied features of cutaneous disease.

The plates in this atlas have been mainly devoted to a portrayal of the common forms of skin disease, such as are likely to occur in the practice of any physician. At the same time, a few rare but well-known diseases, such as lepra, mycosis fungoides, etc., are represented. Those rare diseases, which are not likely to be met with and which are almost unknown to any except special students of dermatology, have been carefully omitted.

The common diseases of the skin are not only represented but an attempt has been made to show as many of the varying clinical appearances as possible. For instance, in the preceding editions there was but one picture of alopecia areata. In the present edition four new pictures have been added, giving a far more complete illustration of this common affection.

In the earlier editions of the atlas some plates were placed together for the purpose of comparison or for contrast. In the present edition it has been thought desirable to rearrange them in alphabetical order, to correspond more closely with the text. At the same time, many of the new plates present illustrations of different diseases affecting certain portions of the body (neck, arm, leg, etc.), and it is hoped that this grouping of various diseases, which has not been attempted in any atlas heretofore, will prove of great service in the study of the diseases from the standpoint of differential diagnosis.

GEORGE HENRY FOX

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A C N E

THE term acne signifies an inflammatory affection of the sebaceous glands. It occurs in youth, and is usually limited to the face, chest, and shoulders. With the disease are usually associated other affections of the sebaceous glands, such as seborrhœa and comedo. In most cases we find systemic conditions, such as indigestion and a poor circulation, which act as predisposing causes of the eruption and are usually responsible for its persistence.

In the treatment of acne we have, then, not only a local but a general disorder to deal with, and success must depend upon the adoption not merely of measures which will remove the cutaneous lesions, but of such as will strike at the root of the trouble and effect a permanent cure.

From a therapeutic standpoint, two distinct forms of acne should be recognized, and, adopting terms long used in the classification of leg ulcers, it is convenient to speak of indolent acne and of irritable acne. In cases of the former type the skin is naturally thick and coarse in texture. The sebaceous glands are large and usually inactive, and their ducts are more or less distended with dried secretion. Comedones are always numerous and, acting as local irritants, produce a constant crop of papules and pustules. In this type of the disease the most vigorous local treatment is indicated, and alone is capable of producing the most beneficial results.

In cases of the irritable type the skin is usually thin and delicate. It may be oily or abnormally dry, and comedones, when present, are few and small. The lesions show little tendency to become pustular. In short, the disordered function of the sebaceous glands is by no means a prominent feature in these cases, but a marked tendency to recurrent congestion about the glands or of

the whole face is a notable characteristic. In this type of the disease attention to the predisposing causes of acne is of paramount importance, while local measures, excepting those of the most soothing character, are apt to do more harm than good.

Erasmus Wilson recognized these types of acne, and remarked that in those cases in which a torpid action of the cutaneous system is evident, stimulating remedies must be employed; whereas in those which are dependent on congestion, stimulants would be injurious and prolong the morbid action. Subsequent writers have failed to appreciate the practical importance of this grouping of cases and have laid more stress upon the size and appearance of the lesions.

The treatment of acne, as well as that of many other skin diseases, may be conveniently discussed under three heads. 1. General Treatment. 2. Medicinal Treatment. 3. Local Treatment.

The general treatment of a patient with acne, including hygienic and dietetic measures, is of supreme importance. Although local treatment alone, as Crocker states, will remove any eruption that may be present, in most cases only general treatment, judiciously planned and perseveringly carried out for a considerable period, will prevent its recurrence. In the great majority of cases, acne, when viewed etiologically, is no more a local disease of the skin than are the "blossoms" on an old toper's nose. No one would think for a moment of treating the latter without taking into account the bibulous proclivities of their bearer. No one should expect to be successful in the treatment of acne who relies solely on local remedies and pays no attention to the indigestion, the poor circulation, or the menstrual derangement which is so often the very foundation-stone of the disease.

The chief remedies which have been recommended for internal use, and employed by many, are the following: calcium sulphide, ergot, glycerin, and arsenic.

Calcium sulphide (*calx sulphurata*, U. S. P.) is alleged to have a controlling effect upon the suppurative process, and to be of benefit not only in the pustular form of acne, but also in boils and abscesses. It may be given in

doses of a tenth or a fifth of a grain every two hours. It sometimes causes pustules or abscesses, and an aggravation of the disease has been cited as the first effect in the cure of acne. Prominent as this remedy has been in past years, experience has shown it to be of little or no value.

Ergot has been used by many, and its beneficial effect ascribed to its action upon the cutaneous muscles (*arrectores pilorum*), which in contraction press upon the sebaceous glands and tend to promote their evacuation.

Glycerin may be given in teaspoonful or tablespoonful doses three times a day, and it is claimed that it will soften the sebaceous secretion in the glands of the face while at the same time it checks intestinal fermentation.

Arsenic, so dear to the heart of the routinist in every case of skin disease, may benefit some patients who are in need of a nerve tonic; but, while of doubtful benefit in the indolent type of acne, it is usually prone to aggravate the irritable form of the disease. Piffard recommends arsenous acid in papular acne of an indolent character, calcium sulphide in acute painful pustular acne, and arsenic bromide in most cases not belonging to either of the above-mentioned types.

The internal as well as the external use of sulphur is advocated by Behrmann, who claims that its purgative effect is supplemented by an elimination of the drug through the sebaceous glands.

The administration of iodide of potassium in old and obstinate cases is advised by Levisieur, who calls attention to the fact that acne patients are especially liable to develop symptoms of acute iodism with an inflammatory reaction of the pustular lesions, even when small doses of the drug are taken. Five grains may be given in milk, three times a day, and discontinued for a time when the local reaction is marked.

The local treatment of acne may be soothing or stimulating. In the irritable type of cases only bland applications in the form of powders, lotions, or ointments can be of service, and in indolent acne such applications are often needed to allay the artificial inflammation excited by the irritating and epidermicidal applications which are frequently used.

A stimulating treatment is called for in most cases of acne, and the applications commonly employed vary in their action from a mild astringent to a severe caustic. These tend to quicken the circulation of blood and thereby hasten the absorption of inflammatory deposits, while at the same time they incite the glands to more vigorous action and thereby empty the distended ducts. In addition to these local remedies, a notable curative effect can be produced by the mechanical treatment of the disease through massage or vigorous pinching of the skin, scrubbing with the finest quality of sea sand, soap frictions repeated every night until the face is inflamed, and various instruments devised for the purpose of destroying pustular lesions and pressing out the sebaceous accumulation which gives rise to them.

Among the soothing applications useful in acne may be mentioned cold cream, zinc ointment, lotions of hamamelis, magnesia, zinc, boric acid, etc., and various simple dusting-powders.

A favorite lotion of calamine and zinc is the following : *

R	Pulveris calaminæ preparatæ . . .	℥i	5
	Zinci oxidi	℥iii	10
	Glycerini	f℥ii	10
	Liquoris calcis	f℥i	50
	Aquæ rosæ	ad f℥iv	ad 100

℥

As the suppurative process is largely due to the infection of the glands by micro-organisms, a disinfectant lotion such as listerine or borolyptol, used pure or diluted, is often of marked benefit. Or the following weak mercurial lotion may be employed with good effect :

* In most of the formulæ given in these pages, the quantities will be found expressed both in Apothecaries' measure and in decimal parts. The second column is not intended as an exact translation of the first into the metric system, but is so arranged that the percentage of each ingredient may be seen at a glance and more readily remembered. The quantitative variation in the two columns is usually slight and never of great importance. Either the gram or the drachm may be taken as a unit without affecting the composition of the formula, and the liquid ingredients may be dispensed either by weight or fluid measure without making any practical difference.

The greatest merit of the metric system is its decimal character ; but whatever weights and measures may be used, the advantage of making the sum of parts in any formula equal one hundred or some other decimal, seems too obvious to require argument.

℞	Hydrargyri chloridi corrosivi	gr. $\frac{1}{8}$	0.10
	Tincturæ benzoini	f ℥ i	10.
	Aquæ rosæ	ad	℥ i ad 100.

℥

To be filtered and labelled "Poison ! For external use !"

Among the stimulating applications which are of service may be mentioned sulphur, mercury, carbolic acid, chrysarobin, resorcin, and salicylic acid.

Sulphur has always held a prominent place in the local treatment of acne, and while it cannot be denied that it is a most valuable remedy, it often fails to effect a cure when reliance is placed solely upon its use. In the form of powder (sulphur præcipitatum), it can be used either pure or diluted with an equal part of talcum or any toilet powder. In addition to its slightly astringent effect, it is usually appreciated by the patient on account of its cosmetic value in concealing the redness of the face during the day. As a lotion sulphur is of great value, tending both to check the formation of pustules and to lessen the persistent redness of old lesions.

Among the many sulphur lotions recommended by writers, the most commonly used and perhaps the most valuable is known as the "Lotio alba." It should be well shaken, dabbed upon the skin, and allowed to dry.

℞	Potassæ sulphuratæ	℥ i	3
	Zinci sulphatis	℥ i	3
	Glycerini	f ℥ i	3
	Aquæ rosæ	ad	f ℥ iv ad 100

℥

Dissolve each of the first two ingredients in one-half of the water before mixing.

Another stimulating lotion is the following:

℞	Sulphuris præcipitati	℥ liiss	20
	Spiritus lavandulæ	℥ iii	25
	Glycerini	℥ ss	3
	Alcoholis	ad	f ℥ ii ad 100

℥

(HIERA)

One of the most stimulating applications of sulphur in common use is that known as Vlemingx's Solution. This should be cautiously used upon the face, as it is liable to inflame the skin and cause considerable pain; but in cases of chronic acne of the back it is capable of producing an excellent result.

R Calcis ℥ss
 Sulphuris sublimati ℥i
 Aquæ destillatæ f℥x

℥

Boil, with constant stirring, until the mixture measures six fluid ounces; then filter.

This solution should be diluted at first with four parts of water. In a few days three parts of water may be used, and by gradually increasing the strength every few days in this manner the pure lotion may finally be used in some cases, either painted over or rubbed into the skin. When considerable dermatitis is occasioned, its use should be discontinued and a soothing ointment applied.

Lassar recommends the following strong soap and sulphur paste:

R Naphthol 10 parts
 Saponis mollis 20 "
 Petrolati mollis 20 "
 Sulphuris præcipitati 50 "
 ℥ 100

This is to be smeared upon the skin and allowed to remain for ten or fifteen minutes. It is then removed and the skin powdered. This should be repeated every day until the skin begins to peel.

In the form of the officinal ointment, sulphur may be applied at night either alone or in combination with other drugs. As a rule, however, ointments are disagreeable and unnecessary in the treatment of acne, and as in most cases there is already an undue oiliness of the skin, sulphur ointments should be used only in the exceptional cases when the skin is harsh and dry.

Mercurial applications are of service in acne, but they have a more superficial effect than the preparations containing sulphur. A lotion of corrosive sublimate is the best form to use, and its strength must vary according to the end which is desired. A weak solution may act as a soothing disinfectant. A one per cent. solution (about five grains to the ounce) will cause a burning sensation and soon produce a slight desquamation of the epidermis. The stronger solutions used by advertising "complexion specialists," with a view to giving the patient "a new skin," are extremely painful, and destroy the entire outer layer of epidermis. Although this heroic treatment sometimes produces a notable improvement in the appearance of an unhealthy skin, the effect is but temporary and does not warrant the pain and danger incident to this plan of treatment, particularly when carried out by one who possesses more assurance than skill. A milder application will produce the same result as surely and much more safely, if not as speedily.

When comedos are numerous and but few pustules are present, Alger advises the use of the following lotion, which will gradually produce a superficial dermatitis, with slight desquamation :

R	Hydrargyri chloridi corrosivi	. . .	gr. ii	0.10
	Resorcini	℥ iss	5.
	Aquæ rosæ.	ad f℥ iv	ad 100.
℞				

When the artificial dermatitis has subsided, the skin will be smoother and present a more natural appearance. A twenty per cent. solution of resorcin in rosewater, without the addition of the corrosive sublimate, makes an application which is stronger, safer, and more satisfactory.

Carbolic acid has been recommended in the treatment of acne, and may be of some service. If applied pure to chronic papular lesions they will often disappear after the crust has fallen, but it is simpler and better to curette them. When the abscesses of indurated acne, containing much pus, are evacuated, it is a good plan to swab the interior with carbolic acid, by means of a little cotton wound around the end of a probe or wooden toothpick. In cases where a patient is anxious to have the outer layer of skin removed, the

use of carbolic acid, salicylic acid, or resorcin is preferable to the application of corrosive sublimate, especially if the remedy is in the hands of the patient.

Chrysarobin, in the form of a strong ointment, has been recommended in the treatment of acne, and it is certainly capable of producing a deep-seated inflammation of the skin and a peeling of the surface which will cause a notable improvement, if not a cure, of any case of severe acne. But the appearance presented by the stained face and the danger of severe conjunctivitis arising from the application of this drug so near the eyes are objections to its use which are almost prohibitory. A forty per cent. resorcin ointment or a twenty per cent. salicylic ointment, although acting more superficially, will produce the requisite amount of inflammation and desquamation and effect very nearly the same result with less disfigurement and no danger.

In the local treatment of acne, as in the care of the normal skin, soap and water play an important part. When the skin is very oily, soap is of service by virtue of its chemical effect, and vigorous friction of the face at night with a rough cloth dipped in a soap solution is often of great benefit through its mechanical action in pressing out the accumulation of fatty matter in the sebaceous ducts and stimulating the functional activity of the sluggish glands. The daily use of soap upon the face in health is largely a matter of custom, and very naturally is insisted upon by the soap-makers as the only means of securing a fine complexion. As a matter of fact, and in direct opposition to glaring advertisements and common belief, the frequent use of soap upon a healthy skin often tends to injure rather than to improve it. Fair cheeks that should look like peaches may be made to look like polished apples through excess of zeal in soaping and scrubbing. In acne, however, a condition commonly exists which is almost invariably improved by a daily resort to vigorous soap frictions. Any of the many good soaps sold at a fair price will answer the purpose. Patients who will unhesitatingly put into their stomachs any kind of bread that looks and tastes good, without stopping to inquire the name of the baker, are often painfully worried over the question of whose soap they shall use. It is practically a matter of little consequence, since serious injury to the skin from poor soap is as rarely observed as it is

frequently talked about. The main point is to select any good soap and to use it thoroughly. A perfectly pure and very elegant soft soap prepared by Bagoë (*sapo olivæ præparatus*) has been prescribed by the writer for many years, usually in the form of a fifty per cent. solution in perfumed alcohol. Hardaway recommends it in cases of acne of moderate severity, advising vigorous friction every night with a piece of flannel dipped in the following solution :

R	<i>Saponis olivæ præparati</i>	℥ i	15
	<i>Alcoholis</i>	℥ i	15
	<i>Aquæ rosæ</i>	℥ vi	70
M			<hr/> 100

The officinal *linimentum saponis mollis* (tincture of green soap), though a less elegant preparation, will perhaps answer the purpose quite as well.

The superfatted soaps of German manufacture are less efficient than those which are slightly alkaline and yet not corrosive. The numerous medicinal soaps on the market are mostly very fine, but have no special value, since the various drugs incorporated with them usually have no appreciable effect upon the skin when applied in this manner.

The application of hot water and of hot cloths to the face is very often recommended by physicians in the treatment of acne, and some advise "face steaming" to soften the skin and thereby facilitate the removal of comedos. The former may be beneficial when many highly inflamed and painful lesions are present, but as a routine prescription is liable to do more harm than good. The latter troublesome procedure is never necessary, and often injurious on account of its relaxing effect upon the skin. Elliot states that he has found both hot water and steaming to be harmful, increasing the amount of the eruption and inducing frequently a *seborrhœa oleosa* with dilated follicular orifices.

Cold water is without doubt the best tonic for the skin, whether of the face or other parts of the body. In the treatment of acne, it tends to invigorate the circulation and to contract the follicles, and patients who have been

accustomed to bathing the face in hot water will usually report a decided preference for cold bathing after they have made a change and carefully observed its effect.

The importance of mechanical measures in the local treatment of acne, which I have upheld for many years as being far superior to the customary applications of sulphur, mercury, etc., is gradually becoming recognized, and treatment by vigorous massage and the use of the curette and comedo scoop is much more common now than formerly.

Facial massage has recently come to be a favorite mode of improving the complexion, but is usually carried out with much more fuss than efficiency. It consists too often of gentle rubbing of the skin with the fingers or a corrugated rubber brush, and the inunction of various oils or fatty substances. What is necessary is vigorous and frequent pinching of the skin between the thumb and finger. This can best be carried out by the patient, who should be instructed to devote five minutes to the procedure just before bedtime, or perhaps a minute several times during the day. If this practice were adopted by all young persons of either sex who suffer from a poor complexion there would doubtless be fewer patients with flabby and pimply skins. The objections raised, that such a practice tends to increase the inflammation of the skin, or to spread the disease by transferring micro-organisms from one follicle to another, are purely theoretical, and do not stand the crucial test of experience.

In massage of the face the skin should be kept as dry as possible and the utmost force exerted by the thumb and fingers which the patient will consent to bear. Stroking the skin with the finger-tips in some particular direction may exert a profound impression upon the mind of the patient, but in the cure of acne it matters little in what direction the skin is rubbed or pinched, so far as the efficacy of the operation is concerned. It is usually convenient, however, to follow the natural lines of the skin. No cold cream nor other greasy substance should be used in applying massage to the face. The main object is to empty the distended follicles, or in the case of an exceptionally dry skin to excite the secretion of sebaceous matter, which is

Nature's emollient. Indeed, it is often a good plan, in place of using any oil or fatty matter, to dust the skin of the face with finely powdered pumice-stone, in order to prevent the fingers from slipping as the skin is pinched between them. Galvanism will sometimes aid massage in stimulating the cutaneous circulation, but is rarely of sufficient benefit to pay for the trouble involved.

Among the many diseases to which the Röntgen rays have been recently applied, and naturally recommended by enthusiastic experimenters as a valuable method of treatment, acne finds a place. It is claimed that the rays affect the sebaceous glands, causing a partial atrophy, and at the same time check the formation of pus.

The curette is of eminent service in the treatment of nearly all cases of acne. The strongest argument I can advance in its favor is that for several years past I have almost given up the use of ointments and lotions in my private practice and, so far as local treatment is concerned, have relied almost entirely upon the benefit derived from the use of this instrument. A sharp spoon or curette of almost any size or shape may be advantageously employed, but perhaps the most serviceable is an annular curette the size of a finger-ring. This can be most readily cleansed after using, and, if not too sharp, will do no injury to the healthy skin. It is capable of producing good results in various ways. It quickly destroys all the small pustules, scrapes off the heads of any projecting comedos, presses out a considerable quantity of fatty matter from the sebaceous ducts, and finally quickens the circulation and thus promotes absorption of inflammatory deposits.



AUTHOR'S RING CURETTE.

Its vigorous use in severe cases of acne may be somewhat painful at first, and often causes considerable hemorrhage from the excoriated lesions. It does not produce an immediate improvement in the appearance of the face, as a paste or powder might do, but it cleanses and invigorates the skin, and in many cases

has a far greater curative effect than any other method of local treatment. At the first sitting, the patient who has hoped for the prescription of some magic ointment or lotion of wonderful beautifying power may object to the harsh and unexpected method of treatment and to the temporary disfigurement sometimes occasioned; but as soon as the crusts dry and fall from the excoriated pustules, and the skin is found to be already much smoother, there is usually no objection to submitting to further treatment of the same sort once or twice a week. In the case of extremely sensitive patients, the curetting may be less vigorous or limited to a portion of the face, and the same beneficial result reached in longer time. After the curetting, the face should be sponged with absorbent cotton dipped in an antiseptic solution, and a soothing application may be prescribed to please the patient or to conform to custom, although it is by no means necessary. The curetting alone will do the work, aided by the frequent bathing of the face in cool water.

In cases of acne indurata, where small collections of pus are deep-seated and form reddened and rounded papules, or when the skin is undermined by dull red or purplish abscesses, puncture of these lesions is demanded. Any small pointed knife may be used, but the triangular acne lance, with a shoulder to prevent its going too deep, is the most serviceable instrument. The following cut shows a combination of the acne lance and a small curette which may do good service in pressing out comedos. When not in use both instruments may be unscrewed and concealed in the cylindrical handle.



COMBINED ACNE LANCE AND CURETTE.

An idea prevails among many patients with acne that a lancet or other instrument used upon the face is likely to produce scars. Since physicians are sometimes unjustly blamed for disfiguring cicatrices it may be well to explain to certain patients that it is the disease and not the lancet which produces the scar.

ACNE CACHECTICORUM

This name was applied by Hebra to a general pustular eruption affecting scrofulous individuals. The whole body, with the exception of the palms and soles, may be the seat of the disease, although it is most common upon the chest, back, and lower extremities. The eruption consists of indolent, dull-red papules or flattened pustules, which dry and form small crusts. A hemorrhagic condition of the lesions is not uncommon, and mingled with the eruption many purplish-red stains are frequently seen. Slight superficial ulceration may result and more or less pitting of the skin. The patient often presents patches of lichen scrofulosorum and various other evidences of the strumous taint. Some writers have described lichen scrofulosorum as a papular and acne cachecticorum as a pustular form of scrofuloderma.

As the disease is essentially one of impaired nutrition, the chief aim of treatment should be to improve the tone of the patient's general condition. An abundance of pure air and wholesome food combined with a systematic alternation of rest and moderate exercise is imperatively demanded. In no disease of the skin, perhaps, will such measures produce a more satisfactory result. Cod-liver oil and iron will also prove of great service after the digestive functions have been invigorated by the administration of nux vomica and the mineral acids. As the disease sometimes partakes of the nature of scurvy, the use of fruit and fresh vegetables, with strict attention to the hygienic surroundings of the patient, will naturally be found of great benefit.

ACNE VARIOLIFORMIS

This is a somewhat rare affection of the skin, which, in spite of the name, bears no relation to common acne, except that the two affections resemble each other in being follicular and pustular in character. Cases have been described as acne frontalis, acne atrophica, acne necrotica, and various other names which may serve to indicate the clinical characteristics of the disease. Its

lesions are most frequently seen upon the temples, the upper portion of the face, and the scalp, but they may also occur upon the neck, trunk, and extremities. Upon the scalp they are most apt to occur, and are also most readily observed, in cases of partial or complete baldness.

The lesions begin as small, flattened, inflammatory papules, which gradually undergo a process of central suppuration. A small, dark crust forms, which appears imbedded in the skin with a raised circular margin, and the lesion bears a slight resemblance to a drying small-pox pustule. And when this crust dries and falls a decided pit is left, which is at first red, but finally becomes white, as in variola. The eruption is usually a chronic one, tending to successive relapses, and, unlike ordinary acne, it may give rise to considerable itching. It occurs in early adult life, and is never seen in childhood.

The etiology of the disease is obscure. Most patients appear to be in average health, although Hans Hebra states that very many suffer from gastric catarrh, and regards this as a frequent cause. He reports good results from the internal use of Marienbad water and from the local use of sulphur applications.

In the treatment of varioliform acne I have found the ammoniated mercury ointment to be of decided value. In most cases it produces a marked improvement, if not a speedy cure. Potassium iodide, or the ordinary "mixed treatment" employed for syphilis, has also been found to be of service. These therapeutic facts, taken in connection with the slight resemblance of the eruption to the relapsing, corymbiform, pustular syphiloderm, have led some to regard the disease as more or less remotely due to syphilis. It should be borne in mind, however, that mercury and the iodides are efficient remedies in many skin diseases which have no possible association with this disease.

Crocker suggests that if the horny centre of the early papule were removed and iodoform or other antiseptic applied, abortion of the lesion would be induced and the scar avoided. But most of the lesions, as he also remarks, are in an advanced stage before the patient applies for relief.

ALOPECIA

ALOPECIA, or loss of hair, occurs under various conditions and results from a variety of causes. The term is applied not only to a gradual falling of the hair, but also to the hairless condition which may eventually result. This baldness may in some cases be regarded as a symptom rather than as a disease. It is often physiological as well as pathological, and in very many cases a bald head has no more claim to be regarded as a disease than has old age.

In accordance with the age at which it appears, alopecia has been described as congenital, senile, and premature. The first is rare and interesting, the second is frequent and insignificant, while the third is by no means uncommon, and of greater or less importance according to the point of view from which it is regarded.

In cases of congenital alopecia there may be simply a tardy development of the hair, as is not unfrequently noted in regard to the teeth. In exceptional cases there may be a complete absence of hair at birth, or a loss of hair may take place during infancy. This condition is rarely permanent, and is usually associated with imperfect development of the teeth and nails.

As this condition is one dependent to a great extent upon a proper nutrition of the body, a modified diet will promise better therapeutic results than any local treatment, but where there is a congenital absence of hair-follicles no hope of a future capillary growth can be entertained. In certain cases of infantile alopecia where there exists a keratosis of the follicles and the hairs become gradually atrophied as a result of this condition, the daily use of soap may be beneficial and tend to improve the growth of the hair.

The baldness of old age is in most cases as natural and as inevitable as old age itself. Just where the line should be drawn between senile and premature alopecia is as difficult to say as it is to state just when old age begins. Senile alopecia is largely a question of sex and heredity. The occupation, habits, and head-dress of the individual have very little influence in promoting baldness. An old man loses more or less of his hair through a decree of nature as immutable as that which causes the beard to grow upon his youthful chin. His aged wife usually presents neither beard nor baldness simply as a result of the inherited tendency characteristic of her sex. The statement that men grow bald while women do not on account of the former alone wearing tight-fitting hats is wholly devoid of proof, and is scarcely more reasonable than the fantastic explanation that while a woman drops her night-dress from her shoulders a man pulls his analogous garment over his occiput and in course of time loses his hair through friction. A man becomes bald and a woman retains a comparatively thick growth of hair in old age not on account of the reasons so frequently advanced as to the use of water, style of hats, etc., but because of an anatomical condition which is inherent in the sex. Every woman, however thin she may be, has a certain amount of subcutaneous fat which imparts to her form its characteristic roundness. Beneath the scalp this cushion of fat never entirely disappears. A man, on the other hand, however corpulent he may be, presents more bony prominences. The cushion of fat beneath his scalp, which is always present in youth, tends in many cases to disappear with increase of years. The subcutaneous tissue gradually hardens, and finally the scalp becomes so tightly drawn over the calvarium that atrophy of the hair-bulbs is an inevitable result. The characteristic location of a shiny pate is indicative of this mode of origin. Baldness never affects the whole scalp, but even in the most striking cases it is always noticeable that the hairless area corresponds in outline with the fronto-occipital aponeurosis. Over the occipital and temporal muscles, which continue to furnish the soft cushion needed for the nutrition and proper function of the hair-bulbs, senile baldness is never seen, and the anterior tuft of hair, which often remains for years when

the rest of the crown is denuded, doubtless owes its persistence to the fact that over the upper border of the frontal muscle the scalp never is as tightly drawn as over the fibrous aponeurosis. While the wearing of close-fitting hats may be justly condemned as unsanitary, and by no means conducive to the most luxuriant growth of hair, the argument that baldness in men results from the wearing of stiff hats which cut off the supply of blood or interfere with the innervation of the upper portion of the head is far from being a valid one. If this were true the line of baldness would correspond very nearly with the line of pressure from the hat brim, but as a matter of fact a bald occiput can be frequently seen below the rim of the hat, while on the sides of the head the hair usually grows above the line of pressure. The cause of baldness is doubtless the same to-day as it was over two thousand years ago, and, judging their habits from their pictures, neither Socrates nor any of his bald-headed associates were in the habit of wearing a "cylinder" or "pot hat."

From the foregoing it is apparent that there is no cure for true senile baldness, no matter at what age it may happen to occur. The condition is not a deplorable one, and so far as personal appearance is concerned it seems to be the prevailing opinion of the present generation that a bald head is far more becoming than the old-fashioned wig. When exposure to draughts causes unpleasant results, as sometimes happens when baldness coexists with a poor circulation, cold baths are to be recommended, and a light skull cap can be carried in the pocket for use in case of emergency.

Premature baldness is an affection which is now, and probably always has been, a very common one. To many a young man who notes with a feeling akin to horror its slow and stealthy approach it becomes a subject of engrossing interest, and not infrequently a morbid sensitiveness is developed out of all proportion to the admitted seriousness of the condition. Unlike the fox in the fable who, losing his tail in a trap, persuaded his companions that it was an entirely unnecessary appendage, the victim of premature alopecia refuses to become reconciled to a condition which is sometimes irremediable, and falls into a mental condition so lamentable

that one might suspect that the main trouble was within the calvarium. Much study and very much more discussion have been devoted to the nature and causes of premature alopecia, but there still exists among physicians as well as among barbers and the laity in general an infinite variety of unique and conflicting opinions. The growth of hair is a subject upon which nearly every man feels at liberty to entertain and to promulgate his personal and peculiar views, and, with the exception of the weather, it would be difficult to find any topic of ordinary conversation which has given rise to doctrines more positive and more absurd.

In accordance with its origin and curability, alopecia has been described as idiopathic and symptomatic. In the former we have simply loss of hair without apparent cause; in the latter we have falling of the hair as a result of either general or local disease, which may be apparent at first glance, or only become evident after a careful study of the case.

Premature alopecia, like the baldness of old age, is in great measure a matter of heredity. With the majority of old men it is natural and unavoidable for the hair to gradually turn gray and become sparse. It is quite as natural and equally unavoidable, in the case of certain young men, that the hair should begin to recede from either side of the forehead and grow thin upon the vertex. It is not to be considered as a disease or as a result of any disease. It is as much a physiological peculiarity inherent in the individual as the fact that his height is six feet or his weight two hundred pounds or that his breast and back are free from the slight growth of hair that is to be found upon the majority of men.

In this idiopathic form of premature baldness the same change takes place in the scalp and subcutaneous tissue as is noted in advanced age. The cushion of fatty matter disappears, the connective tissue becomes more dense, and atrophy of the hair-bulbs results from unyielding bony pressure. When a young man is growing bald because his father or more likely his grandfather was bald before him, this tightening of the scalp is quite apparent. If the heads of a number of young men suffering from alopecia are carefully examined by the fingers alone, those who present this idio-

pathic and practically incurable form of baldness can be readily distinguished from those whose loss of hair is symptomatic and resulting from either local or general malnutrition. If the scalp is soft and movable a favorable prognosis may be given, but if, on the other hand, the scalp is hard and drawn over the upper portion of the skull almost like the cover of a ball, it may be safely concluded that the development of a bald and shiny area is simply a question of time.

In the treatment of this idiopathic alopecia no benefit can be expected except when it is complicated by pityriasis or an inactive condition of the scalp. In other words, it is only the symptomatic alopecia that is amenable to treatment. The customary cantharidal lotion never yet restored the hair in any of these cases, and its routine prescription is hardly more rational than the beating of a gong by an Indian medicine-man.

While heredity plays an important part in the production of premature baldness and constitutes an etiological factor which should never be ignored, the loss of hair, which is secondary to disease, both local and general, is extremely common, and its proper treatment is a subject of both interest and importance. Pityriasis capitis, or dandruff, is a common affection of the scalp, and very frequently the precursor of baldness. Eczema, seborrhœa, and psoriasis are also diseases which in a mild form often persist for years upon the scalp and occasion a temporary, if not a permanent, thinning of the hair, while favus, folliculitis decalvans, and ulcerative syphilis usually leave cicatricial patches of varying size and shape.

Dandruff is now generally recognized as a frequent cause of falling hair and subsequent baldness. Alopecia furfuracea, seborrhœa sicca, erythema squamosum, eczema seborrhoicum, and pityriasis are some of the various names which have been applied to this common affection. As the essential feature in the great majority of cases consists throughout the entire course of the disease in a branny desquamation of the skin and a disordered function of the sebaceous glands may or may not be present as a complication, the term pityriasis (Greek *πιτυρις*, bran) seems to be the most appropriate name which can be used.

In the most common form of pityriasis capitis the desquamation is plainly seen upon the scalp, and no redness or other inflammatory symptoms are present. The small whitish scales are often scattered through the hairs, appear in profusion upon the patient's shoulders, and very soon fill the hair-brush. In other cases, where there is more of a seborrhœal element present, there may be a greasy scurf upon the scalp, and in rare instances a thick asbestos-like crust forms at the roots of the hair. When this is raised a pale and glistening surface is found beneath. In most cases of dandruff, however, and especially in patients with an eczematous tendency, a subacute grade of inflammation is apt to be present, and often a true catarrhal eczema develops. More or less itching accompanies pityriasis, and is especially annoying after mental or physical exertion. The hair is usually dry and lustreless, and soon manifests a tendency to fall.

The tendency to dandruff depends largely upon the habits and physical condition of the patient, and is always aggravated by an unhygienic mode of life. Overwork, worry, and dissipation frequently occasion acute attacks; and I have known Wall Street patients from the condition of whose scalps one might almost judge whether stocks were up or down. Advice as to general treatment directed to the cause of the trouble will usually be neglected, since the affection is apt to be regarded as a trifling one, and patients will be found much more willing and anxious to try the effect of local remedies.

When shampooing and brushing and the ordinary hygienic care of the scalp fail to remove the dandruff certain stimulating ointments and lotions will often be found of great service. These are usually of a parasiticide character, but it is by no means certain that their beneficial effect is due to this quality. Mercury, sulphur, resorcin, and salicylic acid are among the most efficient of external remedies. Walker mentions sulphur and salicylic acid as the two drugs which have most influence in curing dandruff, the latter being especially serviceable in the drier and more scaly forms of the disease. He advises a weak application at first (fifteen grains of each in an ounce of vaseline), the strength to be increased as may be necessary.

The falling of the hair from syphilis usually occurs during the early months of the disease, and is usually coincident with an erythematous or papular eruption upon the scalp. It varies greatly in amount in different patients. In a typical case the scalp, especially upon the occipital region, becomes checkered with numerous small areas of partial baldness, and appears as though tufts of hair had been pulled out at regular intervals. Occasionally the eyebrows and lashes are more or less affected at the same time. The loss of hair is soon replaced by a new growth, and its return may be hastened in slight degree by the daily inunction of the oleate of mercury.

Among the general causes of alopecia may be mentioned fevers and exhaustion resulting from overwork, anxiety, dissipation, or any other habit or condition which entails an excessive tax upon the nervous system. The falling of the hair which follows a prolonged febrile attack is usually but temporary, and the lost hair is restored as soon as the patient regains a normal condition of strength and vigor. Shaving the head under such circumstances is a practice which women sometimes undergo at the earnest solicitation of a barber, and often with the consent, if not upon the advice, of their physician. If the patient naturally enjoys an average amount of health and strength and makes a good recovery, the hair will grow long and strong in a few months whether it be shaved or not. If the patient be weak, on the other hand, and naturally possessed of little hair-producing energy, she may find to her intense disappointment that the hair will grow much more slowly than in the case of her vigorous sister and that the amount sacrificed is never entirely regained.

In the case of most women who consult the physician on account of a *defluvium capillorum*, and of many men who are not afflicted with what might be termed an alopecial diathesis but who find their locks becoming thin, the loss of hair may be justly attributed to one or both of two causes. These are general debility and an inactive condition of the scalp. The proper nutrition of the hair depends not merely upon the condition of the scalp, but also upon a healthful condition of both mind and body. A failure to appreciate this important clinical fact leads to the prescription of

innumerable useless "hair tonics," and while this may be pardonable on the part of a barber or hairdresser, it is certainly a discredit to the intelligent physician. A natural growth of hair demands an abundant supply of nervous energy, and when this is withheld the falling of the hair becomes as inevitable as emaciation in the case of a child who is supplied with insufficient or innutritious food. When the normal vitality of a man or woman is exhausted through an excess of work, worry, or dissipation no amount of local treatment of the scalp can be expected to prevent a loss of hair. This should be regarded as the natural result of a definite cause, like the falling of hair after a prolonged attack of fever, and so long as a man will persist in working without any thought of his health, and in worrying when he should be resting, or a woman devote her whole time to onerous social functions which tax her strength beyond its utmost capacity, just so long will the starving hairs continue to loosen and fall in spite of cantharides, rum, and quinine, though prescribed and applied by all the doctors and barbers in the land. In the case of patients whose falling hair is largely due to an excessive wear and tear of the nervous system the physician will often act wisely to let the scalp take care of itself, as it is abundantly able to do under the simplest hygienic treatment.

An inactive condition of the scalp with very little or no dandruff or other local disease is frequently an etiological factor in simple falling of the hair as well as in cases of premature alopecia. As a remedy for this condition shampooing and brushing are of great value, and in a majority of cases no further treatment is required. Shampooing or thorough washing of the head with soap is a practice which is advisable both in health and disease. When the scalp is in a healthy condition it is not strictly necessary, especially if the hair is kept well brushed. But in order to keep the scalp in its best hygienic condition an occasional shampoo is desirable both for comfort and cleanliness. A man with short hair may enjoy a weekly shampoo, while a woman, on account of the greater amount of time and trouble involved in the operation, may content herself with a thorough washing of the head but once a month. When there is dandruff, however, or even an

inactive condition of the scalp, a shampoo once or even twice a week may be necessary for a short time. This often relieves an itching sensation, makes the scalp feel much more comfortable, and in some cases will alone suffice to check a slight falling of the hair.

In shampooing the head the choice of soap is not a matter of so much importance as many have been led to imagine. Any good soap that will make a thick lather with warm or tepid water may be advantageously used, but it must be freely applied and thoroughly rubbed into the scalp either with the fingers or a small brush. Indeed, it is often necessary to advise patients to scrub the head rather than to rub it in order to gain the full benefit of a shampoo. After the roots of the hairs have been carefully cleansed, the soap must be thoroughly removed from the hair by bending the head over a basin or bath-tub and pouring upon the occiput a plentiful supply of tepid or cool water. The hair must now be thoroughly dried by means of soft towels and gentle friction. In case of women with thick and long hair the drying process involves some time and trouble, and hot towels may be used to advantage. A little alcohol applied to the scalp after a shampoo will facilitate the drying of the hair and perhaps lessen any tendency to "catching cold," the fear of which deters so many from frequent indulgence in the luxury and benefit of a shampoo.

There are many who cherish the erroneous belief that frequent shampooing may prove detrimental to the growth of hair, and it is astonishing to note how some ladies of culture and refinement will allow their scalp to remain for weeks or months in a condition which may be justly characterized as filthy. There is also another prevalent opinion, shared by many physicians and promulgated by some of my dermatological colleagues, that a daily washing of the head or wetting of the hair in connection with the morning bath has a tendency to induce premature alopecia. No facts have ever been offered to substantiate this belief, and having no statistics at hand that might tend to shake its foundation, I can only express my firm conviction that frequent washing of the scalp, so far as it has any effect upon the growth of hair, is beneficial rather than injurious. The argument that the practice is pernicious

because the natural oil is removed by the water and the hair gets into a condition of dryness and brittleness is founded on theory rather than fact. Water alone will not remove the natural oil from the hair. Shampooing with soap and water does so, and usually leaves the scalp and hair abnormally dry for a short time. To remedy this a very little almond oil or vaseline may be rubbed into the scalp immediately after washing. But shampooing and brushing tend to stimulate the natural secretion of oil, and I have known some women with oily hair who objected to frequent shampooing on the ground that it tended to increase this condition. Norman Walker expresses his belief that there would be less baldness were it not for the prevalence of the absurd tradition that washing of the scalp is injurious.

Brushing of the hair should be thoroughly performed twice a day at least, in order to promote its growth and to keep the scalp in a healthful state. Hair-brushes with thick and long bristles should be chosen, and stiff or wiry ones, which are liable to irritate the scalp, should be avoided. Women who find that their hair is falling are often loath, through fear of becoming bald, to have it brushed or combed as much as is advisable: but the hair which comes out more or less abundantly with each brushing is already dead and certain to fall in time, and the sooner it is removed the better it will be for the health of the remaining growth.

Electricity is one of the best stimulants that can be applied to the scalp, and in many cases where the scalp is found to be pale and inactive, with but a slight tendency to pityriasis, a galvanic current applied once or twice a week will redden the skin, tend to check the falling of the hair, and promote a more vigorous growth. Most of the so-called electric brushes commonly sold are fraudulent impositions upon their ignorant and confiding buyers. Some have a magnetized bar of soft iron in the back, but the electricity which they are supposed to impart to the scalp is wholly imaginary. A wire brush connected with a galvanic battery and used in place of the negative electrode I have often found of great benefit in the treatment of falling hair, especially in women. A mild current should be used and a slight pricking sensation imparted to the scalp.

ALOPECIA AREATA

Alopecia areata is an affection in which one or more rounded patches of baldness develop suddenly or gradually upon the scalp with no apparent cause. The eyelids, cilia, beard, and other hairy parts may also be affected. The skin upon the bald area is thin, white, smooth, slightly depressed, and usually has a peculiar velvety feeling, quite different from that of the normal scalp which has been recently shaved.

As the successful treatment of a disease usually depends upon some knowledge of its cause, the etiological factors in alopecia areata must be considered as highly important. But, unfortunately, there are conflicting theories and few established facts upon which the treatment of this disease can be based. While many dermatologists still adhere to the view that the disease is a trophoneurosis, the belief in its parasitic nature has certainly gained ground in recent years. Many at the present time seem inclined to the view that some cases are of neurotic origin, while others, and notably those which are unsymmetrical and increase by peripheral extension, are caused by micro-organisms. This view harmonizes the conflicting arguments based on epidemics of the disease cited by champions of the parasitic theory and on loss of hair by traumatism presented by upholders of the neurotic origin of the disease.

The course of alopecia areata is variable, and the prognosis is therefore uncertain as regards the time required for a complete cure. I have seen cases improve and recover in a month or two when absolutely nothing was done except to take a photograph of the scalp. On the other hand, I have tried the most approved methods of treatment for many months in some cases without noting the faintest indication of any benefit. The fact that a remedy has been followed by a cure in one or in several cases of alopecia areata is no positive evidence of its therapeutic value, and by the same process of reasoning one might claim that photography is a remedy of value simply because a cure has

followed its use after many remedies had been unsuccessfully employed. In diseases of indefinite duration, when many remedies and many physicians are given a trial, it is a common observation that the last one usually gains the credit in case a cure results. Fortunately the disease tends naturally to get well in most cases, and any plan of treatment which brings an unusual supply of blood to the scalp, acting at the same time perhaps as a parasiticide, will improve the nutrition of the affected part and doubtless hasten the desired return of hair.

Internal remedies may be used to advantage in cases of alopecia areata, as indeed they might be used in case of a broken bone. If the health of the patient can be notably improved by nerve tonics, anti-dyspeptic remedies, iron, cod-liver oil, or other therapeutic agents, they should certainly be given; but no one has ever been able to demonstrate satisfactorily that arsenic or any other drug has a direct influence upon the course of this disease. The belief entertained by many that arsenic is of special value may be well founded, but proof of its efficacy is very difficult to obtain. While an improvement may follow the use of a certain drug in some cases, a notable lack of benefit is certain to be observed in other cases in which the same drug is administered. Hence any great reliance upon internal treatment in this disease is not to be commended. Kaposi goes so far as to state that treatment of any kind can neither shorten the course of the disease nor prevent its outbreak in another locality.

Among the local stimulants which have been found serviceable in the treatment of alopecia areata may be mentioned ammonia, chrysarobin, carbolic acid, acetic acid, iodized collodion, and croton oil. In accordance with my own experience, it matters little which of these remedies be employed if the effect of keeping up a moderate but persistent congestion of the patch is obtained. Nor should too much stress be laid upon the germicide nature of the remedy, for ammonia has seemed to me, as well as to many others, to be quite as effective as any of the remedies recommended on account of their anti-parasitic qualities.

The liquor ammoniæ fortior is a convenient and cleanly application, and

can be dabbed on the bald patches once or twice a day with a brush, rag, or tuft of absorbent cotton. In case of slight vesication, its use may be temporarily suspended or a dilution employed.

Chrysarobin may be used in variable strength according to the age of the patient and the chronicity of the disease. In young children a five per cent. ointment made with lanolin is strong enough, while in the chronic patches of adults an ointment of from fifteen to twenty per cent. may be used to advantage. The staining of the scalp, not to speak of the bed linen, and the ever-present danger of an unexpected conjunctivitis, are serious objections to the use of this valuable remedy.

Carbolic acid is a convenient application, and may be used in the form of a thirty, or even a fifty, per cent. solution. I have streaked many patches with the pure acid and given patients considerable pain with no better result than may be obtained by the comparatively painless use of the weaker solution applied every day.

Acetic acid may be used in the same manner, diluted to suit the needs of each case. Morrow recommends equal parts of acetic acid and chloroform to be applied every second day, and less frequently as improvement occurs.

Croton oil diluted with two or three parts of olive or almond oil may prove of value in certain chronic cases, but the intense dermatitis which is liable to result is undesirable, and may do harm instead of good by destroying the growth of fine hair.

Jackson reports good results from a lotion of bichloride of mercury used, not on account of its parasiticide qualities, but solely for its stimulating effect upon the scalp. Hyde states that solutions of formalin, from one-half to two per cent. in strength, are sometimes efficient, but adds that the remedy should be used with care, as it has occasioned severe dermatitis, and in several instances has given light hair a green color. Walker believes that local treatment merely hastens a recovery which time alone would often effect, and mentions sulphur, chrysarobin, and bichloride of mercury, in what he considers to be the order of their value. Shoemaker states that shaving the

patches frequently, especially when they become covered with very fine hairs, will often stimulate the hair-forming apparatus, but this hardly coincides with a previously expressed belief that many bald heads in middle and advancing age are often due to constant cutting and shaving in early life.

Various complicated methods of treating alopecia areata have been advised and have found enthusiastic followers. Explicit directions are usually given to wash the head with a certain soap for so many minutes and to apply one thing in the morning and another at night, etc., and cases are quoted in which the average time of cure was found to be so many days or weeks. A report of the new treatment and its surprising results always goes the round of the medical journals, but those who try these methods seldom publish either their success or their disappointment.

Electricity has been highly recommended as a local stimulant in this disease, and I have seen a series of cases treated by means of the static current with apparently excellent result, but so much time and labor on the part of the physician is involved in this plan of treatment that a method which the patient can carry out at home is generally to be preferred.

Blistering of the patches in alopecia areata has been strongly advised and frequently practised to the intense discomfort of the patient, but experience teaches that the results of this heroic method do not generally compensate for the amount of pain which it occasions. The subcutaneous injection of corrosive sublimate around the edges of a patch has been employed for its parasiticial effect, and good results reported; while injections of pilocarpine have been repeatedly used in vain on the strength of unverified statements as to its effect upon the growth of hair. Hypodermic treatment, like blistering, has no advantage over simple measures, and is far more objectionable.

Epilation of the loosened hairs which are often to be found around or upon one side of a bald patch is a practice to be commended, since in many cases it seems to check the spread of the disease.

ANTHRAX

ANTHRAX, or “malignant pustule,” is a phlegmonous affection of the skin, resulting from infection by the anthrax bacillus. This is usually derived from some herbivorous animal suffering from a peculiar disease known as splenic fever. The affection is fortunately a rare one in this country, as it proves fatal in the majority of cases. The infected subject often succumbs to septicæmia before the characteristic cutaneous lesion has had time to develop. This is usually seated on the hand or face, and appears at first as a highly inflamed vesicle upon a circumscribed and indurated base. This rapidly becomes dark and gangrenous, depressed in the centre, and is surrounded by a characteristic ring of vesicles. The infection may take place directly from a diseased animal in the case of those who have charge of horses, cows, and sheep, or it may result from the handling of hides, hair, horns, and hoofs in the case of butchers, tanners, upholsterers, and others. Flies and other insects may also be the means of conveying the infection, and doubtless many of the reported cases of death from the bite or sting of an insect may be explained upon the assumption that the poison of anthrax has been carried from a gangrenous sore on some animal affected with the disease. It is believed that the disease may also enter the system through the digestive or the respiratory tract.

According to the reports of those who have had considerable experience in the treatment of anthrax in countries where it is not uncommon, an early and complete excision of the initial lesion, with thorough cauterization of the wound, appears to be the most successful method of treatment. A deep crucial incision and the free use of carbolic acid or corrosive sublimate has also been advised. The sooner an antiseptic treatment of the local lesion is commenced and the more vigorously it is carried out, the less will be the likelihood of general infec-

tion. It is claimed by some writers that excision is likely to do more harm than good, and that since the micro-organisms causing the lesion are only in the superficial portion of the skin, a much better result is likely to be obtained by the application of carbolic poultices or of mercurial ointment. When lax tissue becomes intensely œdematous, multiple incision, with an antiseptic dressing, is advisable, and injections of carbolic acid may be made around the border of the patch to arrest its increase. Alcoholic stimulation is of great service in case of general infection.

CANITIES

* Canities is a term applied to gray or white hair, a condition which is usually acquired, and may be either local or general in its development. Its most common form is seen in the white hairs of old age. These are first noted over the temporal bone, which derives its name from this circumstance. Gray hair, however, like baldness, is not always indicative of senility, and often occurs in youth or middle age (*Canities prematura*). The partial form of canities may be congenital, but is usually acquired in youth or later years. It consists of a single patch or tuft of white hair upon the scalp, eyebrow, moustache, beard, or other hairy part (*Canities circumscripta*).

The immediate cause of hair turning gray has been carefully studied, and seems to depend chiefly, if not entirely, upon a failure of the hair papillæ to supply the requisite amount of pigment. A single hair does not change from black or brown to white throughout its entire length, but the color first disappears at the root, leaving a pigmented end, and as the hair grows in length a gray hair gradually takes the place of a dark one.

Heredity plays an important part in the senile whitening of the hair, and in nearly every case of premature grayness a family tendency to this condition may be readily discovered. The condition is sometimes ascribed to neurasthenia, a lack of iron in the system, a sedentary life, or the habit of constantly wearing a closely fitting hat; but positive proof of such causation is difficult to obtain.

Severe nervous affections and sudden grief or fright may undoubtedly

cause a speedy though gradual blanching of the hair whenever such a tendency already exists ; but the historic and other alleged cases of hair turning white in a single night are believed by many to be apocryphal. Kaposi claims that the cases reported, even by scientific men, of grayness developing suddenly in shipwrecked individuals, those condemned to death, etc., must be based on errors of observation. He argues that it is physiologically inconceivable that the pigment granules in the fully developed hair should suddenly disappear. Nor can we believe that, under the influence of fright, etc., gases develop in the hair, and that these bubbles of gas or air conceal the pigment, inasmuch as many normally colored hairs contain air.

In the treatment of gray hair the most sensible thing that can be done is to admire it. Indeed, there is, perhaps, no other sensible thing that can be done. As the condition has ordinarily no relation to the health of the patient, general treatment is not likely to produce any change in the color of the hair. On the assumption that the grayness is due to a lack of iron in the system, this drug is frequently prescribed ; but although it may benefit the patient in other respects, I have never known of a case in which it exerted any influence upon capillary pigmentation.

So far as local remedies are concerned, not one has ever been suggested as having a possible curative effect. Hair dyes are used for the sole purpose of concealing the condition when it is thought to be an unfortunate or an undesirable one. In some cases their injudicious use only serves to call nearly everybody's attention to what might otherwise pass unnoticed. Nitrate of silver is one of the hair dyes most frequently used. In applying it, the hair should first be shampooed thoroughly, then carefully washed and dried. A two per cent. solution of pyrogallic acid is then to be rubbed over the gray hairs from root to tip by means of a toothbrush. When dry again, a one per cent., or stronger, solution of nitrate of silver, according to shade desired, is to be applied in the same manner. When the lotion accidentally gets upon the scalp or face, the resulting black spots can be avoided by the immediate use of a saturated solution of potassium iodide. Every three or four weeks the dyeing of the hair must be repeated.

Nitrate of silver and lead may be combined in one solution, as follows :

R	Argenti nitratis	5
	Plumbi acetatis	1
	Aquæ rosæ	ad 100

℞

Much has been said about the great danger of lead poisoning from the use of hair dyes, and cases have been reported and repeatedly quoted. But when diachylon ointment, containing a large amount of lead oxide, can be smeared over a baby's skin with impunity, the fear of poisoning from a hair dye containing a small amount of lead seems to have little or no basis. Kaposi says that apart from the eczema which may arise from their unskillful application, the use of metallic hair dyes produces no evil effects.

Anderson gives a method of dyeing the hair which he accidentally discovered during the treatment of a case of eczema marginatum. A lotion of corrosive sublimate (two grains to the ounce) was used for some weeks, and then a lotion of hyposulphite of soda (one drachm to the ounce) was prescribed. The morning after the first application of the latter, the hair of the part which before was bright red had become nearly black. One or two more applications rendered it jet black, while neither the skin nor the clothing was stained.

CARBUNCULUS

A carbuncle may be properly regarded as a furuncle with an extensive phlegmonous inflammation of the cutaneous tissue, resulting in a large gangrenous slough and a disfiguring cicatrix. It is called anthrax benigna by some writers, but it is neither due to infection by the bacillus anthracis, nor is it justly characterized as benignant, in view of the fact that many cases have a fatal termination. It often begins like an ordinary boil, but quickly presents a greater area of painful induration, and is usually accompanied by a chill followed by a high fever. A number of pustular points develop upon the swollen and tense skin, and the lesion resembles a group of suppurating

furuncles. At the end of a week or more there is a free discharge of pus and shreds of necrosed tissue from numerous openings. Finally the whole indurated mass is converted into a slough followed by a deep ulcer, which heals by slow granulation.

A carbuncle owes its origin to an infection of the skin by the *staphylococcus pyogenes aureus* or some other pyogenic organism. It is allied both in nature and causation to a furuncle, and its more serious character has been explained by assuming that a deep-seated boil, covered by tense epidermis, will tend to spread laterally instead of upward through the skin. The affection is usually met with in adult life, and appears especially prone to occur in connection with diabetes and other general pathological conditions. A favorable prognosis can be given in most cases, but in patients advanced in years and in those who have been subject to diabetes or alcoholism a fatal termination not infrequently occurs.

The treatment of a carbuncle has come to be regarded in quite a new light since the advent of modern antiseptic methods, and the main object at the present time is not merely to afford relief from the intense throbbing pain, but to destroy the microorganisms which have found their way into the skin and are the cause of the disease. The application of a hot poultice, while it may prove temporarily grateful to the highly inflamed part, is now generally condemned as tending to favor the development and spread of the disease. If the carbuncle is treated by incision or by the injection of carbolic acid, an ointment or paste containing five per cent. of salicylic acid spread thickly on a piece of lint will have the soothing effect of a poultice and be entirely free from the objections justly urged against this time-honored application. If heat is thought desirable, cloths may be dipped in a saturated solution of boric acid in hot water and applied frequently. From an antiseptic point of view, this is far superior to the use of flaxseed.

The method of treating carbuncle by a deep crucial incision as soon as necrosis of tissue has taken place, is the one most commonly employed by surgeons. The raw surface exposed is now dressed with a carbolic or other antiseptic solution as soon as the free hemorrhage has ceased. In many cases it is

advisable to thoroughly curette the sloughing mass as first recommended by Teale, of Leeds, and to pack the cavity with antiseptic gauze. This operation usually relieves the throbbing pain at once, and often reduces a high temperature to a normal degree. As the disease sometimes extends in spite of free incision, a repetition of the operation may become necessary. A more radical treatment advocated by some surgeons is the complete incision of the carbuncle, and may be justified in those cases in which septicæmia develops at an early stage. A plan of treatment first advocated by Dr. Physick consists in the insertion of pea-sized pieces of caustic potash into the carbuncular tissue. Their speedy lignefaction promotes the separation of the slough and produces a healthy ulcer.

The hypodermic injection of carbolic acid into the centre and around the border of a carbuncle has been highly recommended and proven of great service in checking the spread of the infiltration. The use of a small quantity of the pure acid is much preferable to the injection of a larger quantity of a five or ten per cent. solution, as the curative effect of the former is much more pronounced, and it is much less liable to be absorbed and thereby produce symptoms of carbolic poisoning.

In mild cases a good result is usually obtained by the free application of any antiseptic ointment, without resort to surgical measures. Indeed, the routine treatment of carbuncle by crucial incision was condemned years ago by as eminent a surgeon as Sir James Paget. He advocated the application of a lead plaster with a central hole for the discharge of pus, hot fomentations, and washing out of the cavities with a weak solution of permanganate of potash. According to Morris, the free painting of the surface with a glycerite of belladonna will ease the pain, reduce the inflammation, and possibly bring about resolution.

The internal use of *calx sulphurata* has been highly recommended as a remedy capable of lessening the pus formation, but it is certainly unreliable, if not quite useless.

Antipyretics may be called for during the acute stage, and alcoholic stimulants are sometimes of advantage in case of extreme debility during convalescence, but simple nourishing food and careful nursing are usually all that is required in the shape of general treatment.

CHLOASMA

Chloasma is a hyperpigmentation of the skin, which is not congenital like naevus, but occurs usually in adult life and results from a variety of causes. It is often the direct result of a dermatitis, which may be traumatic, caloric, or toxic in character. It may also result from various internal diseases affecting the liver, kidneys, or pelvic organs. Finally it may, and often does, occur without any apparent disease or functional irregularity to which it may be justly ascribed.

The traumatic causes which produce an extensive pigmentation of the skin are long-continued pressure and persistent scratching. A dark zone around the waist or a discolored band around the neck is not infrequently observed in women as a result of the pressure of fashionable clothing. In men dark streaks from trusses or straps are sometimes seen. In chronic pruriginous affections of the skin, more or less mottling or pigmentation of large tracts is apt to occur, and in certain individuals who suffer seriously and for a long time from pediculosis the naturally fair skin of the body may become so darkened that the patient seems to have become transformed into a mulatto.

The discoloration of the skin produced by prolonged exposure to the sun's rays and commonly designated "tan" is often seen in summer upon the face, chest, arms, and other exposed parts. This is not the result of heat alone, as exposure to cold winds will produce the same effect, but it results from the chemical action of the blue, violet, and ultra-violet rays of the sun, and usually disappears spontaneously when the cause ceases to act. A remarkable case of caloric pigmentation has recently come under my observation. A patient took a long drive one very hot afternoon last summer, with nothing to shield her shoulders from the direct rays of the sun except a lace covering of uneven thickness and with large apertures. In a few hours she suffered severely from sunburn. When the dermatitis, which lasted for several days, subsided, a pigmentation was left upon the neck which reproduced most perfectly the pattern of the lace work, and has not yet entirely disappeared.

While the word chloasma has been used to designate these various forms of pigmentation, the term is usually applied to the yellowish or brownish patches which occur upon the face, and are sometimes symptomatic of disease of internal organs or of a general cachexia. The forehead and temples are its favorite seat, although it may also be found upon the cheeks, chin, neck, and elsewhere. The border of the patch usually fades off gradually into the surrounding healthy skin, but it is sometimes quite abrupt, especially on the forehead, near the edge of the hair. The term chloasma uterinum is employed by some writers on account of the frequent appearance of the disease during pregnancy and its alleged connection with uterine and ovarian disease. But since a large proportion of women who suffer from dysmenorrhœa, displacements, and other forms of pelvic disease are entirely free from facial pigmentation, and as chloasma, on the other hand, often affects women with no ascertainable sexual disease, and is met with occasionally in the male sex, there seems to be no more foundation for the term chloasma uterinum than for the term chloasma hepaticum, or "liver spot," which expresses a belief in some connection with the liver which is as unfounded as it is prevalent.

The treatment of chloasma must naturally be first directed towards the cause. Whenever it is possible to ascertain and remove this, the hyperpigmentation will gradually disappear. When the cause cannot be determined, or when found cannot be removed, our sole reliance must be upon local applications. A general improvement of the patient's health may promote a decrease of the pigmentation. Gynæcological treatment alone, from which much is often expected, is not likely to produce any brilliant results so far as the color of the skin is concerned.

Water I regard as the best internal remedy. In the cases of many women the constant use of tea and coffee in excess seems to increase the tendency to chloasma, as well as to impair the complexion in other respects. If indulgence in these beverages is strictly forbidden, and the patient is encouraged to drink copiously of any pure water, a gradual disappearance of the pigmentation may be hoped for within a year, if not sooner. I have certainly seen excellent results from this method of treatment. The water should be fresh and pure, and taken

freely to the extent of ten or twelve goblets daily. In order to prevent its interference with the process of digestion, it is best taken before breakfast, at bedtime, and during the hours preceding meals when the stomach is comparatively empty. Water may also be employed in the form of baths, especially combined with systematic exercise. Patients with chloasma often perspire but little, and whatever tends to stimulate the cutaneous secretion and promote facial perspiration will prove of service in removing the pigmentary deposit. The hot-air or Turkish bath may be advantageously combined with the free use of water internally.

The local treatment of chloasma, as well as of other cutaneous pigmentation, often produces a temporary benefit, but does not always prevent a return of the discoloration. Its object is to either bleach or blister the skin. In the former case, it modifies the deep color of the pigment granules; in the latter case, it removes them with the deeper layer of the epidermis in which they are deposited. Hydrogen dioxide, or peroxide of hydrogen, as it is often called, is the best bleaching agent that can be applied to a patch of chloasma. It must be fresh and strong. The aqua hydrogenii dioxidi (U. S. P.) is a three per cent. solution, yielding ten per cent. of its own volume of nascent oxygen. While of service as a germicide in the treatment of ulcers, it is too weak to be of much use in the speedy removal of cutaneous pigmentation. It has the merit of being a perfectly harmless application, and if persistently used will sometimes produce the desired effect. The patient should be directed to keep the solution in a cool place, and to apply it freely at least three times daily with a bit of absorbent cotton until a decided desquamation of the skin takes place. Failure often results from the use of a solution which has lost its strength and has little more effect than so much water. The stronger solutions on the market are to be preferred. Hydrozone is an aqueous solution of hydrogen dioxide which is three times as strong as the pharmacopœial solution. Pyrozone of twenty-five per cent. strength is an ethereal solution of hydrogen dioxide supplied in a small glass tube. This is a powerful caustic, and whitens the skin to which it is applied like carbolic acid.

Corrosive sublimate is the best blistering agent that can be used in this disease, since cantharides in solution or plaster has a tendency to cause pigmen-

tation when applied to a healthy skin; and some of the other agents recommended, such as hydrochloric acid, salicylic acid, soap, iodine, etc., are less effective and tend to inflame the skin without producing a blister and thereby removing the pigment. Corrosive sublimate should be of at least one per cent. strength (five grains to the ounce), and may be applied to limited portions of the chloasmic patch when it is extensive. According to Hebra's method, the patient should be in bed or in a recumbent position, and a piece of thin muslin dampened and applied to the affected skin. This must be kept moist for three or four hours by means of the mercurial solution and a medicine dropper, care being taken that the solution does not accumulate at the edges of the muslin. This application causes considerable pain and swelling before a fully formed blister is produced, but half-way measures are nearly as painful and of no value. The bulla should be pricked, and lint dipped in a solution of bicarbonate of soda should be applied to the collapsed epidermis to allay the pain. The patch may then be treated as a simple burn, and when it is healed an almost pigmentless skin will be found.

The less heroic remedies, which simply cause redness and desquamation of the epidermis, may in time produce a disappearance of the pigment, as is claimed by some; but in my experience they are generally given up at the earnest solicitation of the patient before that time arrives. Here are some of them:

R	Naphtholis	4
	Glycerini	2
	Linimenti saponis mollis	ad 100
℥		
R	Hydrargyri ammoniati	10
	Sodii borati	10
	Unguenti aquæ rosæ	ad 100
℥		
R	Bismuthi subnitratiss	12
	Hydrargyri ammoniati	aa ̄i 12
	Petrolati mollis	̄i ad 100
℥		
	Apply to the discoloration at night and remove in the morning with soap.	

CHROMOPHYTOSIS

Chromophytosis is one of the parasitic skin diseases due to the growth of the fungus called the *microsporon furfur*. It is characterized by the occurrence, chiefly upon the chest and back, of brownish-yellow dots or irregular patches which are slightly furfuraceous and readily removed with the outer layer of the epidermic cells in which the fungus flourishes. *Tinea versicolor* and *pityriasis versicolor* are names applied to the affection by some writers, and owe their origin to the unfortunate attempts made by older dermatologists to classify skin diseases according to genera and species. Unlike favus and ringworm, chromophytosis is contagious only in a very slight degree, and a husband or wife may present a well-marked and extensive eruption for many months without the other becoming infected. Its frequent occurrence in clinics for pulmonary diseases formerly led to the belief in its relationship to tuberculosis, but this fact can be more readily explained. In these clinics patients are more frequently stripped for examination of the chest, and the chromophytosis thereby discovered whenever it happens to be present. Furthermore, the disease is one which develops most readily upon a slightly moist surface, and, since the bodies of tubercular patients are frequently bathed in a clammy perspiration, it is not at all strange that they should be especially liable to contract this common affection. Athletes who perspire freely are also the subjects of chromophytosis for a similar reason. The disease affects all sorts and conditions of men and women, but is met with almost exclusively in middle life. As it usually occasions little or no annoyance, and is concealed by the clothing, the majority of cases, perhaps, go untreated.

As chromophytosis is essentially a local disease, external remedies are naturally indicated in its treatment, and, as it is the most superficial of all cutaneous affections, it can be readily understood that any topical application which will remove the outer layer of epidermic cells will also carry off the disease at the same time.

It is unnecessary to mention the many efficient remedies which have been recommended and successfully used, but stress should be laid upon the

necessity of using any selected remedy with vigor, and of continuing its use until the last trace of the disease is undoubtedly removed. Cessation of treatment when the disease is apparently cured is frequently followed by a gradual return of the patches within a few months. It is of little use to cure nine-tenths of the eruptions, as is frequently done, and leave a few dots scarcely apparent to the naked eye to play the part of a nest egg and to hatch out a new crop of patches. Attention has been called by Allen to the fact that chromophytosis often extends down on the pubis, where the patches are concealed by the hairy growth. This region is, therefore, apt to escape the treatment which serves to remove the disease from the chest and back, and in many cases this accounts for its speedy return after vigorous treatment elsewhere has effected an apparent cure. Any chest protector, chamois vest, or flannel worn next to the skin must be thoroughly washed with the underwear or thrown away in order to guard against reinfection.

Among the best of the many good local remedies for chromophytosis are soap, salicylic acid, and sulphur. In chronic cases the patient should be directed to take a prolonged hot bath at night and to scrub the body and arms with soft soap. He may then apply, or, better still, have some one else apply, to each yellowish spot a little of the following paste :

℞	Acidi salicylici	5
	Sulphuris loti	40
	Glycerini	10
	Saponis mollis	ad 100

℥

This must be used more sparingly upon the breast and near the axillæ than upon the back, where the skin is thicker and less likely to become inflamed. The object is to produce a slight dermatitis with desquamation, which will speedily remove the eruption. In the case of a woman with a delicate skin, a pleasanter though less speedy plan of treatment is to bathe the body night and morning with a saturated solution of hyposulphite of sodium in rose water. Either this solution or a five per cent. solution of carbolic acid may be advantageously sponged over the affected region for a

week or two after the patches have disappeared, in order to insure a radical cure. Jamieson recommends that the affected parts be washed with soft soap and warm water to remove any greasiness of the surface. The skin is then dried and sponged over with vinegar and, while still wet, with the following lotion :

R	Sodii hyposulphitis	℥ vi	15
	Glycerini	f ℥ iss	3
	Aquæ	f ℥ vi ad	100
℞			

The application of the vinegar followed by the lotion is to be repeated daily for a week, when, as a rule, all traces of the disease will have vanished.

The tincture of iodine causes a desquamation of the epidermis and thereby removes the eruption, and, since a dilution often tends to darken the patches and minute dots, it may be useful in determining whether any of the parasitic patches still remain.

A corrosive sublimate lotion or a chrysarobin ointment may be used with great benefit, but the former has the objection of being poisonous, while the latter always stains and often inflames the skin. Cutler notes the fact that the parasite will not grow under an adhesive plaster of any kind. If the surface of the disease is covered with a belladonna or capsicum plaster for a week or ten days, a cure is effected.

The following formulæ may prove of service :

R	Acidi salicylici	3
	Sulphuris præcipitati	15
	Adipis lanæ hydrosi	70
	Petrolati mollis	ad 100
℞		

(BROCC)

R	Hydrargyri chloridi corrosivi . . .	℥ i	1
	Saponis mollis	℥ iii	60
	Alcoholis	f ℥ ii ad	100
	Olei lavandulæ q. s.		
℞			

Scrub the affected part night and morning.

(ANDERSON)

CICATRIX

A cicatrix, or scar, is the new tissue formed in the process of healing after loss of substance. It varies greatly in size, shape, and appearance, and frequently constitutes such a deformity as to demand treatment.

It is impossible to remove a scar and to leave a perfectly normal skin in its place ; but a large, ugly, and deforming cicatrix can often be excised and a comparatively insignificant linear scar left in its place. Small depressed or puckered scars can be readily removed by an elliptical incision. The deep pits resulting from varicella in childhood, and seen on the faces of young girls, are often regarded as undesirable and can be thus removed.

The hypertrophic cicatrix producing a rounded or elongated fibrous tumor of the skin can either be excised or successfully flattened by means of the electrolytic needle introduced at short intervals. The current should be a mild one and not sufficient to greatly inflame the tumor or to produce ulceration. In cases where a true keloidal growth has developed, this method, like every other one, is doomed to fail.

The prevention of cicatricial deformity is often much easier than its cure. In the healing of ulceration produced by burns, scalds, laceration, etc., much may be done to prevent the excessive contraction and deformity which often characterize a large scar. The operation of skin grafting as practised in recent years should be employed whenever an extensive suppurating surface exists. This should be treated by the strictest antiseptic measures, and every effort made to hasten the healing of the wound. Splints will tend to prevent extreme deformity of joints during the healing process, while massage will soften the scar to a certain extent after cicatrization is complete.

For a small healing ulcer, whether syphilitic or not, mercurial plaster is a simple and effective dressing, and by far preferable to the ointments so frequently applied. I agree with Johnston, who says that it not only stimulates, but at the same time tends to the production of a thin, flat cicatrix.

From the use of thio-sinamine injections I have had no notable results.

CLAVUS

THOUGH the term *clavus* is rarely used outside of text books, there are very few who have not had an unpleasant personal acquaintance with the cutaneous affection which it designates. According to Hyde, its statistical frequency in America is only 0.173; while *acne* stands at 8.184; and *eczema* scores 27.140; but outside of our clinics far more persons are subject to *acne* than to *eczema*, while the unnumbered host of those who suffer from corns, if properly tabulated, would undoubtedly show that *clavus* is the most frequent of all skin diseases.

The exciting cause of corns is intermittent pressure combined with friction, while among the predisposing causes it is only necessary to mention the slavish adhesion to fashion which leads all of us to wear stiff leather shoes whose contour bears little or no relation to the natural shape of the anterior portion of the foot. The pressure of the ill-fitting boot upon the toes, or, more strictly speaking, the pressure of the toes against the unyielding leather in walking, soon occasions hypertrophy of the horny layer at the point of irritation, and in time a dense, conical, pea-sized or larger mass is formed. The apex of the cone presses downward upon the sensitive papillæ and causes the painful sensation which suggests a visit to the chiropodist. Corns are most frequently found upon the outer surface of the little toes, but may occur upon the sole of the foot and even upon the palm. Between the toes they often form from pressure of the opposing digits, caused by narrow shoes, and in this location they are softer and usually present a whitish, macerated surface. As barometers corns are failures, in spite of the claims made as to their utility in this regard. I am ready to agree with Hyde, however, who states that they are often unusually painful before, during, or after the occurrence of storms.

The prophylactic treatment of corns consists in wearing a broad-toed, though not necessarily a square-toed, shoe. If shoes were made fan-shaped, like the imprint of a bare foot in the sand, instead of having the greatest width across the ball of the foot, they might look strange at first, but they would be comfortable for all time. Those, then, who cared more for comfort than for style, as most of us falsely profess to do, would have both comely and cornless feet.

The curative treatment of corns consists in softening the dense, hard, horny tissue, when it will exfoliate spontaneously, or be readily scraped away. The plan of treatment suggested by Hyde, as simplest and best, is as follows: "The part is thoroughly macerated for half an hour with water as hot as can be tolerated. Then the projecting callous portion of the corn is gently removed by cutting or scraping till, as nearly as may be, the surface is level with the plane of the adjacent skin. The part is then dried, and the entire surface, both of the seat of the corn and the adjacent integument, is completely covered with many narrow, short, and nicely adjusted strips of rubber plaster. When the trifling operation and dressing are complete, the patient should bear firm pressure over the corn without flinching, and walk with perfect comfort. The plaster remains until it separates spontaneously, which is usually in the course of a few days. The corn is then macerated at night with an oil poultice and the dressing afterwards reapplied, usually the second time by the patient. Persistence in this course is followed by complete relief, if the coverings of the feet be properly fitted."

In my experience all attempts to soften the dense growth by hot bathing, poulticing, or oil dressings involve a great amount of trouble, and are rarely crowned with a commensurate success. A far simpler and more effective plan of treatment is to paint the corn with a saturated solution of salicylic acid in flexible collodion for several days in succession. Salicylic acid has the peculiar property of softening and destroying horny tissue, and is, therefore, of service in corns, callosities, and all other keratoses. It is an essential ingredient of nearly all the advertised "corn cures," and the addition of *cannabis indica*, so often made, is entirely unnecessary. The solution may be applied to the corn

by means of a small brush or the cork of the vial, and should it become too thick to flow readily, it can be made thinner by the addition of a little ether. The first application usually affords great relief, even to the most painful corn. After each succeeding application, a layer of the horny epidermis can be readily scraped off with a curette, or even the thumb nail, until soon a soft, smooth surface is left. In the case of soft corns the solution must be applied with extreme care to the macerated surface, and the toes kept apart by the interposition of absorbent cotton. Vigier's formula is as follows:

R	Acidi salicylici	gr. xv	1
	Extracti cannabis indicæ . . .	gr. viii	0.50
	Alcoholis	℥ xv	1
	Etheris	℥ xl	3
	Collodii flexilis	℥ lxxv ad 10	
	℥		

For hard corns and callosities a simple, though somewhat slow, method of treatment is to rub the surface daily with sandpaper and then apply a drop or two of the tincture of iodine. Another corn cure is the following: To an ounce of strong vinegar add a sufficient quantity of bread crumbs. Let it stand for half an hour and apply as a poultice at night. In the morning the soreness will be gone and the corn can be picked out of the skin. In the case of obstinate corns two or more applications are required.

Paring an inflamed corn with a knife or razor is at best only a palliative measure, and often an accidental incision of the skin will aggravate the inflamed condition. The application of strong acids is also objectionable, while the ringed corn plaster only affords relief in place of a radical cure.

Interdigital or "soft" corns develop upon the opposing surfaces of the toes where pressure is exerted by the phalangeal joints. They are usually small and have a hard centre surrounded by a ring of macerated epidermis. A tuft of absorbent cotton placed between the toes will often give relief, while enucleation or the careful application of salicylated collodion will effect a cure. The wearing of a broad-toed shoe will tend to prevent a return of the corn.

COMEDO

Comedo is a name applied both to a lesion and to a disease. In the former case it refers to a "black-head," or sebaceous follicle, the duct of which is occluded by a yellowish plug, which varies in consistency according to its horny or fatty character. In the latter sense it implies a tendency of all the sebaceous glands in certain regions to become occluded in this manner. In short, comedo is a non-inflammatory affection of the sebaceous glands, and, though commonly associated with acne, may occur as an independent disease. It occurs most frequently upon the face, but in many cases is found also upon the upper portion of the chest and back.

Comedos (called comedones by those who prefer to use the Latin plural) appear as black dots upon a normal skin, and, when numerous, are slightly elevated above its surface. Unusually large ones frequently develop in the concha of the ear. When firm pressure is made upon the skin at one side or around a comedo, the follicular plug is extruded, and appears as a soft, whitish thread, or as a dense, yellowish, spindle-shaped mass with a blackened tip. This black head of the comedo may be partly owing to an accumulation of dirt, but is chiefly due, as claimed by Unna, to a chemical change in the epidermic cells, which, together with fatty matter, compose the sebaceous plug. The blackness of the end of a comedo will partially disappear when the skin is rubbed with dilute muriatic or acetic acid.

A double comedo is the result of two plugs situated very near each other, and between which the thin septum of cutaneous tissue has disappeared by pressure. This forms a single cavity with two external openings. A microscopic insect, called the *Acarus folliculorum*, is sometimes found in the substance of a comedo, but its presence is of little importance, as it neither causes nor affects the character of its chosen habitation. It has even been found in fatty matter scraped from the normal skin.

Anæmia, dyspepsia, and a lack of cleanliness have been assigned as

causes of comedo, but the affection seems to result from some individual tendency which cannot be readily explained.

In the treatment of comedo no internal remedy is likely to have any special effect; but, as the disease occurs at an age when impairment of the health is by no means uncommon, general hygienic and tonic treatment is often demanded, and is capable of producing a decidedly beneficial effect upon the skin. As patients with comedo often suffer from constipation and a sluggish circulation, vigorous exercise in the open air, a cool bath every morning, and the use of laxatives, either in the shape of food or medicine, will be found of great service.

Among the local applications, soap and water vigorously applied will afford the best results, especially in cases where the skin is thick, greasy, and inactive. Steaming the face is not to be commended; but a rough cloth dipped in hot water, smeared with a little soft-soap, and powdered with fine sea sand, can be used to advantage.

Ointments and lotions are of little or no benefit unless they are strong enough to produce a dermatitis with resulting desquamation which may favor the evacuation of the follicular ducts.

A mechanical method of treatment, however, is far superior to any application which has merely a stimulating or irritating effect upon the skin. If one wished to remove tacks from a piece of thick leather, greasing the surface would hardly be thought of as likely to accomplish the purpose, and yet ointments are often smeared upon the face in cases of comedo and acne with as little beneficial result. The sebaceous plugs, which are often tightly imbedded in the skin, must be pressed out by mechanical means. Vigorous massage or pinching of the skin at night, or perhaps several times during the day, may in time accomplish this end and leave the skin in a normal condition. To empty the distended ducts without delay, the use of a watch key was commonly advocated before the advent of stem-winding watches. This instrument was objectionable on account of its square calibre and rough end being apt to cut the skin, and many years ago I suggested the use of a silver tube in its place. This instrument has met with favor, but it is

only suited to the expression of comedos which correspond in size to its unvarying calibre. The comedo "scoop" or extractor* which I have used in my practice of late years is in the shape of a very small spoon or dull curette with a U-shaped piece cut out of the free end. This exerts pressure upon the skin partly around the sebaceous plug, and is far more serviceable than a silver tube, especially as it is suitable to comedos of varying size. It may be made like the claw of a tack hammer and exert simultaneous pressure upon the opposite sides of a comedo. It presses out the horny mass with little discomfort to the patient, and with no injury to the skin beyond the production of a temporary red mark.



Before using this instrument, it is often advantageous to scrape the face or affected part with the ring curette mentioned in the treatment of acne. This removes the heads of such comedos as are raised above the surface of the skin, and by the temporary congestion which it induces, the subsequent expression of the fatty plug is rendered more easy. When the follicular ducts are all emptied, a soothing or astringent lotion may be applied, although this is by no means necessary.

Among the many applications recommended by writers are the following :

R	Acidi tannici	gr xx	4
	Zinci oxidi	gr xv	3
	Magnesiæ carbonatis	gr xv	3
	Aquæ rosæ	f℥i	ad 100

℥

To be applied with a sponge, soft cloth, or an atomizer.

(ELLIOTT)

R	Sulphuris sublimati	20
	Alcoholis	20
	Tincturæ lavandulæ composite	20
	Glycerini	20
	Aquæ camphoræ	20

℥

(PIFFARD)

CORNU CUTANEUM

A cutaneous horn is an epidermic outgrowth of a substance similar to the nail tissue. It may spring from a sebaceous gland or cyst, a warty senile patch, or a cicatrix. Its base is usually hollow for a short distance, and filled with a soft papillomatous mass. It occurs in both sexes and as a rule in advanced life. In most cases horns are seen upon the upper portion of the face and scalp, but they may also occur upon the lip, hand, genitals, or other parts. The growth may be single or multiple, and varies greatly in length, thickness, and general appearance. A filiform variety often appears upon the face, and is usually about a half inch in length. It has the appearance of an indurated and elongated fibroma or verruca. The typical horn is much thicker and longer. It may be cylindrical or flattened, and invariably curves or even twists like a ram's horn as it increases in length.

The treatment of a cutaneous horn is usually a simple matter. The hard mass can be torn from the skin with little difficulty and without occasioning any great amount of pain. If the patient be unusually sensitive it may be advisable to inject cocain around the base of the horn before its forcible removal. The soft pulpy mass which is left should be curetted or bored with a cone of nitrate of silver, and when the black crust thus formed has fallen a smooth superficial cicatrix will be left. When an epithelioma has developed at the base of the horny growth, the curetting and boring with the silver stick must be done with extreme thoroughness.

In case of large horns some have advised excision of the growth with a portion of skin surrounding the base, and in case of small horns abscission by means of curved scissors has been recommended. The skin around the base is lifted by traction on the end of the horn and removed with one cut. When there is no development of epithelioma a cutting operation is unnecessary, and usually undesirable, and even when the base of the horn has become the seat of epithelioma, its removal may be as thoroughly and much more readily effected by means of the curette and cautery.

DERMATITIS

Dermatitis is a name which might be justly applied to the long list of inflammatory skin diseases. It is restricted in common use, however, to certain inflammatory conditions, mostly of definite origin, to which no special name has been applied by the older dermatological writers.

Dermatitis includes a variety of eruptions varying in severity from a mild erythematous rash to gangrene, and resulting from varying causes. These include all forms of external violence, the internal and local use of drugs, and the action of heat and cold.

DERMATITIS TRAUMATICA

This form of cutaneous inflammation may result from pressure, friction, scratches, blows, or any form of mechanical injury. Certain predisposing conditions often exist, and the external agency which would have little or no effect upon the skin of a person in health may produce ulceration upon aged legs or those affected by varicose veins, upon the back of paraplegic and other bed-ridden subjects, and upon the hands and feet of lepers.

The treatment depends upon the cause of the inflammation and its resulting character. This may be a slight patch of redness, a deep ulcer, or general excoriation.

DERMATITIS MEDICAMENTOSA

Eruptions, usually of an erythematous or urticarial character, but sometimes of a pustular, bullous, or ulcerative type, are not infrequently seen to follow the ingestion of certain substances whether classified as food or medicine. The eruption from which certain individuals are liable to suffer through indulgence in strawberries, shell-fish, etc., and the itching of the skin often attributed to buckwheat, cheese, etc., are sometimes classified as dermatitis ab ingestis, but from an etiological standpoint they belong naturally with the so-called "drug eruptions."

Many drugs are capable of inducing in susceptible individuals a congestion or inflammation of the skin, but most of these rashes present no peculiarities which would enable one at a glance to name the drug responsible for the outbreak. A few drug eruptions, however, are very characteristic, and readily recognized as such by any physician with moderate experience. Among these may be mentioned the scarlatiniform rash of belladonna, the bright red maculopapular eruption of copaiba, and the pustules and pus-soaked condylomata of the bromides.

The treatment of a drug eruption is a very simple matter when its nature is recognized. Except in perhaps a few cases of the bromide eruption, stopping the administration of the drug is followed by a speedy disappearance of the cutaneous inflammation. The medicinal origin of a dermatitis, however, is very apt to remain unrecognized unless the physician is both experienced and alert. As a consequence, the administration of a drug is often continued in the vain hope of curing the eruption which it has already caused.

DERMATITIS VENENATA

Dermatitis venenata is the term applied to various forms of inflammation of the skin resulting from the chemical action of innumerable irritating substances. These may be drugs applied to the skin for a therapeutic effect, or other substances of mineral, animal, or vegetable origin which are brought in contact with the skin either by design or accident.

Among the mineral substances are certain ones used in the industrial arts, such as arsenic, potassium bichromate, caustic soaps, etc. The eruptions frequently alleged to result from aniline dyes in stockings and underwear, and from various toilet articles, are sometimes possibly caused in this manner, but in most cases it is far easier to allege than to prove such a source of the dermatitis.

Among the animal substances apt to cause a dermatitis may be mentioned the secretion of the jellyfish and of caterpillars of the genus *bombyx*, the sting of certain insects, ammoniacal urine, and decomposing perspiration.

Among the vegetable substances which may poison and inflame the skin are a number of plants, and chief among them in this country are the poison-ivy and other species of *rhus*. While some may handle this vine with impunity, others are not only poisoned by its slightest touch but even by its proximity. One patient has assured me that an attack of the characteristic eruption would result if he drove by a fire of burning brush which contained any branches of the poison-oak or poison-ivy.

The eruption usually affects the back of the hands and the wrists as a direct result of handling the leaves. From this region it is doubtless conveyed to the face, which usually suffers coincidentally, and in many cases is also conveyed to the genitals. It appears generally a few hours after the poisoning occurs, but may increase in severity for one or two days. It consists of closely aggregated vesicles upon a swollen erythematous base, and resembles an acute eczema of severe grade. The intense itching, or burning pain, is often agonizing. Lax tissue is apt to become highly œdematous, and the eyes are often closed in severe cases affecting the face. One of the worst cases of poison-ivy eruption which I have ever seen occurred in an Italian laborer who had defecated in the woods and used the few leaves within his reach in place of toilet paper. The scrotum was almost the size of his head, while the œdematous penis was greatly elongated and twisted into a curl.

In the treatment of poison-ivy eruption, a soothing application is indicated, and though no internal remedy appears to have any direct effect upon the inflamed part, a Dover's powder or other diaphoretic will often relieve the discomfort which has been severe enough to send the patient to bed. For no other affection of the skin has such a host of remedies and "certain cures" been recommended. It is fair to conclude, whenever so many different remedies are used in one disease, that each one is about as good as the others and that none will prove to be a specific.

A lotion is more agreeable than an ointment, and an alkaline lotion seems to be specially comforting. This may be due to the fact that the poisonous principle found in the leaves of the plant is toxicodendric acid.

But however it may be, it is quite probable that in a great majority of cases lime-water or a solution of bicarbonate of soda, applied by means of thin cloth, will be as grateful to the patient and as effective in curing the disease as any other of the many applications which might be used.

Among other applications are the following :

R Ichthyolis 50
 Aquæ ad 100

℥

R Extracti grindeliæ robustæ fluidi . . . f ʒ i 10
 Aquæ ad f ʒ i ad 100

℥

(VAN HARLINGEN)

R Acidi carbolici f ʒ i 1
 Glycerini f ʒ ss 3
 Zinci oxidi ʒ ss 5
 Liquoris calcis ad Oi ad 100

℥

(GRINDON)

R Zinci sulphatis ʒ i 5
 Aquæ f ʒ ii ad 100

℥

(HARDAWAY)

DERMATITIS CALORICA

Under this title are included the varying forms of inflammation of the skin resulting from the action of heat (Dermatitis ambustionis) or cold (Dermatitis congelationis), and commonly known as burn, scald, frost-bite*, and chilblain.

Burns may be due (1) to the contact of the skin with a flame or heated solid substance ; (2) to electricity in the form of lightning, an artificial spark, or a strong current ; (3) to direct, reflected, or concentrated solar rays ; and (4) to the action of chemical caustics. Scalds are burns which result from the contact of steam or hot liquids. The effect upon the skin is practically the same, but the character of the burning agent can often be inferred at a

glance from the fact that in the case of a scald the hair over the inflamed part has not been destroyed.

Burns vary in character according to the intensity and the duration of the heat which is applied to the skin. They vary also in severity according to the extent of surface and the depth of the tissue affected. Three degrees of severity in burns have become classical. In the first degree an erythematous condition is the main feature, with more or less pain and swelling. This persists but a few days and is usually followed by slight desquamation, and in some cases by slight increase of pigment. In the second degree exudation is manifested by the development of vesicles or bullæ upon the surface of the skin, either immediately or in the course of a few hours. Often the epidermis is raised in large masses and a suppurating surface may follow infection of the skin. In the third degree an eschar results from devitalization of tissue. This may be superficial and follow the development of gelatinous or sanguineous bullæ. When deep no vesiculation appears upon the surface and the necrotic mass is surrounded by a zone of deep-red skin from which it gradually separates. The pain, though it may be intense at the outset, is usually less than in extensive burns of the second degree.

In the treatment of burns a host of remedies has been employed, and many of them without any definite object in view. The dressings which have found most favor in years past have been such as tend to exclude the air and soothe the inflamed skin. But with the advent of modern antiseptic surgery a notable change in the treatment of burns has taken place. The main object of a dressing at the present day is to disinfect the denuded and sloughing surfaces, and thereby to check or lessen the tendency to suppuration.

In a burn of the first degree, where redness and pain are the chief symptoms, a soothing lotion is most desirable, and nothing seems to act better than a saturated solution of sodium bicarbonate. When the affected part (the fingers, *e.g.*) can be immersed in this solution the smarting sensation of the burn is quickly allayed, and a speedy recovery follows. When the burned surface is extensive, sheets of lint dipped in the solution may

be spread smoothly over the surface. As soon as the pain is relieved and it is evident that the epidermis remains intact, a simple dusting powder of starch or stearate of zinc may be applied in place of the wet dressing.

In a burn of the second degree the vesicles or bullæ should be punctured to allow the serum to escape without loss of the epidermic covering. The cutaneous surface should now be cleansed as thoroughly as possible with hydrogen dioxide, borolyptol, or some other disinfecting lotion, and a dressing of lint soaked in carbolated oil and lime-water immediately applied.

Muench reports cases in which the application of pure carbolic acid has produced good results. He claims that it causes immediate cessation of pain, and that when the dead skin peels no scar is left.

In a burn of the third degree, the sloughing tissue should be treated according to strict antiseptic principles. The clothing should at first be carefully removed by the aid of scissors, in order to prevent as far as possible all injury to the epidermis. The parts should be thoroughly cleansed, carefully dressed, and slight compression exerted by means of a roller bandage. Opposing surfaces of skin should be kept separated by the dressing, and joints put in splints or subjected to extension in order to avoid deformity from contraction during the process of repair. Mucous orifices included in the burn (*e.g.*, the nostrils) should be firmly plugged to prevent an undesirable diminution in size.

As a severe burn is frequently accompanied by considerable shock and subsequent fever, the general treatment of the patient becomes a matter of importance. Opium is of great value in relieving the severe pain which is often present at the outset and in controlling the diarrhœa which frequently results from gastroduodenal irritation. Stimulants may be freely given where great depression exists, and hot bags applied to the extremities may be useful in promoting the general circulation.

In treating the ulceration which so frequently follows an extensive burn, much time can be saved and some contractile deformity avoided by the resort to skin grafting.

The effect of intense cold upon the skin is very similar to that of heat.

Indeed, the cutaneous dermatitis resulting from cold may be divided, like the effects of heat, into three degrees. The mildest, or erythematous, degree may consist in a reddened and roughened or "chapped" skin, often seen upon the face and hands, or in a swollen, livid, and irritable condition of the skin, often noted upon the toes and fingers of children with a poor circulation, and commonly known as chilblain (pernio). An exudative dermatitis with vesiculation or the rapid formation of large bullæ often results from a frost-bite, and can hardly be distinguished from a burn of the second degree. When the feet, hands, ears, or nose are exposed for some time to a very low temperature, the skin hardens and whitens and gangrene sometimes ensues, as in a burn of the third degree.

The treatment of chilblain should be both constitutional and local. As the affection is peculiar to anæmic individuals and those whose circulation is inactive, the administration of iron, cod-liver oil, and tonics, combined with vigorous exercise and cold bathing, will often lessen the tendency in great degree.

The local treatment consists in keeping the extremities warm and dry, and in the frequent application of some stimulating or astringent ointment or lotion. Iodine tincture, turpentine, and a strong solution of nitrate of silver are among the many remedies recommended for this troublesome condition.

In the treatment of frost-bitten parts there is a tradition that rubbing with snow in a cool room is the best procedure to adopt and that the sudden application of heat is injurious. It is true that a rapid restoration of the circulation in a frozen part is apt to be attended with considerable pain, but it is doubtful whether this will favor the necrosis of tissue which is likely to result from a severe frost-bite. A hot bath is probably the best plan of treatment for a frost-bite, although it may not prevent the development of vesiculation or gangrene if the vitality of the frozen part has been destroyed beyond hope of restoration. When blisters have formed they should be punctured, and raw or gangrenous surfaces treated antiseptically, as in the case of severe burns.

PLATE I.

ACNE VULGARIS

ACNE VULGARIS

Acne is without doubt the commonest affection of the skin. It is pre-eminently a disease of adolescence and tends in time to spontaneous recovery, though often leaving scars upon the face which betoken neglect on the part of the patient or lack of skill on the part of the physician.

Although Acne is an inflammatory affection of the sebaceous glands, it is usually associated with Comedo and a general inactivity of the skin. In the accompanying illustration it is plain to see that the functional activity of the sebaceous glands is impaired and that the natural oily secretion has become thickened and accumulated in the glandular ducts, producing an eruption of conical whitish papules. At the summit of many of these a large comedo is apparent. Many appear congested (*Acne papulosa*) and some have undergone suppuration (*Acne pustulosa*).

In most cases of Acne we find in addition to the local glandular disturbance a poor circulation, indicated by cold hands and feet, and an impaired digestion, indicated by coated tongue and constipation. These general conditions increase facial congestion and aggravate the eruption. The best results in the treatment may therefore be expected from dietetics, cold bathing and other hygienic measures, and from the local use of mechanical agents which tend to empty the distended glands and stimulate them to contraction. Vigorous soap frictions and the frequent use of a curette will do infinitely more good than the customary prescription of ointments and lotions.



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ACNE VULGARIS.

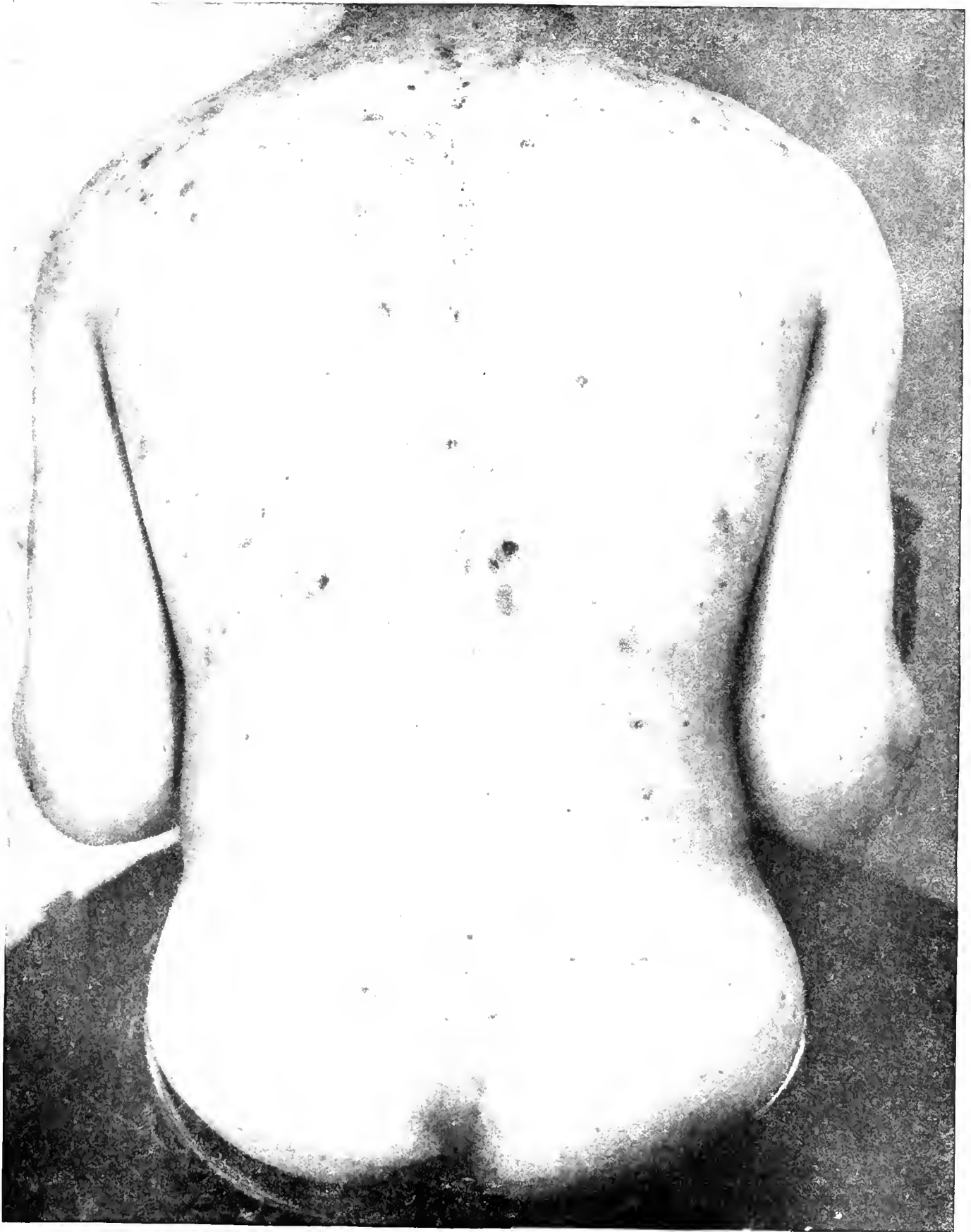
PLATE II.

ACNE VULGARIS

ACNE VULGARIS DORSI

Acne of the back and chest is commonly associated with acne of the face, although in some cases the eruption may be wholly confined to either the face or the trunk. In either location the eruption will be found to be follicular in its origin and to consist of indolent papules and pustules of varying size, with numerous comedos and a general plugging of the glandular ducts. In many patients small abscesses are liable to develop, and in some cases of long standing a number of sharply defined and sunken cicatrices may be found over the sternum as well as upon the back. The severe forms of acne of the trunk occur usually in male patients.

The patient who was the subject of the accompanying illustration manifested a strumous tendency, having a sluggish circulation and a thick, greasy, inactive skin. There were many pustules present and more traces of former lesions in the shape of stains and pits, and at one point a dull red patch of skin was undermined by an accumulation of sanious pus. The eruption had persisted for several years and grown worse, in spite of the application of various ointments. A cold bath every morning and the vigorous use of a curette twice a week effected a speedy improvement. This treatment is usually all that is required, but the progress toward a cure is apt to be slow in most cases.



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ACNE VULGARIS.

PLATE III.

COMEDO

FOLLICULITIS

ACNE VARIOLIFORMIS

ACNE INDURATA

COMEDO
ACNE VARIOLIFORMIS

FOLLICULITIS
ACNE INDURATA

The first illustration on this plate shows the association of comedo and acne, which is so frequently noted on the face, chest and shoulders. The former is usually the exciting cause of the latter.

While the comedos are very numerous in this case, appearing as small conical elevations surmounted by a black dot, which is the outer extremity of the spindle or pear-shaped plug, but few have become inflamed and transformed into acne pustules.

The second illustration shows an inflammatory condition of the hair-follicles of rare occurrence, and presenting a resemblance to sycosis as it occurs upon the bearded portion of the face. The alopecia was of the premature form, and not the result of the follicular disease as in the case of folliculitis decalvans. The case suggested a diagnosis of acne varioliformis which often occurs upon the scalp, but there were no characteristic crusts or pits.

The third illustration shows the pitting of the skin which follows the long-continued outbreak of acne varioliformis, and which resembles the cicatrization resulting from confluent variola. The locality involved is a favorite one, although the disease is not usually so localized, but is more apt to extend over the forehead and scalp.

The fourth illustration shows in a marked degree the abscesses which often form and undermine the skin in acne indurata. Upon the forehead may be seen the ordinary lesions of pustular acne with one or two hard red nodules and one transformed into an abscess. Upon the checks it is evident that these purulent nodules or abscesses have coalesced through increase in size, and have produced a condition suggestive of the suppuration around tuberculous glands.



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COMEDO
ACNE VARIOLIFORMIS

FOLLICULITIS
ACNE INDURATA

PLATE IV.

ALOPECIA AREATA

ALOPECIA AREATA

This patient, a teacher by occupation, had suffered from alopecia areata for over twelve years, the hair falling out in spots and growing in again. During the past year the increasing baldness had necessitated the wearing of a wig, and the disease had begun to affect the eye-brows. Pure carbolic acid was applied in this case, one-half of the scalp being dotted or striped with the acid every ten days. This treatment caused epidermic exfoliation followed by pinkish spots, but had no apparent effect in restoring the hair. As the patient grew stronger under a general tonic treatment, and her frequent headaches disappeared, the hair returned and grew quite as readily on the untouched portions of scalp as where the acid had been applied. Six months later, after the strain of nursing a sick relative, the hair began to fall again, thereby showing the dependence of the disease upon the state of the patient's general health.

The illustration shows an advanced stage of the disease in which the individual areas of baldness have enlarged and coalesced until the greater portion of the scalp is denuded. The numerous patches of dark hair indicate that there were originally many bald areas of small size, the circular outlines of which are still suggested by the concave margin of the hairy patch upon the occiput. The growth of white hair at various points indicates a tendency to recovery, and constitutes a favorable element of prognosis. This non-pigmented hair, which often appears first upon the bald areas, gradually assumes a normal color.



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ALOPECIA AREATA.

PLATE V.

ALOPECIA AREATA

ALOPECIA AREATA

These four illustrations present a variety of clinical pictures of Alopecia Areata. In the first is seen a typical, smooth, white, hairless spot, which was less than half the present size when it was first discovered. It has spread evenly and thereby retained its circular outline. In some cases the disease may be limited to a single bald area, but, as a rule, one or more small areas develop near the first, or at a distance from it.

In the second illustration is seen the coalescence of a second area, developing at the margin of the first. Occasionally the coalescence of a number of patches will produce a long band of baldness or denude one temporal region completely.

The development of a new area at the margin of an older one can often be predicted by the loosening of the hair at this point, while it remains comparatively firm around the greater portion of the border.

The third illustration shows a large number of small areas, some of which necessarily become confluent as they increase in size. Though these areas are bilateral they show no tendency whatever to symmetrical development.

The fourth illustration presents a case of complete alopecia. This may result either from a sudden and complete falling of the hair, or, as is more frequently the case, from a gradual enlargement and confluence of small areas. The peculiar expression of the face in these rare cases is mainly due to the loss of the eyebrows and eyelashes.



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ALOPECIA AREATA

PLATE VI.

CARBUNCULUS

CARBUNCULUS

A carbuncle has been described as a compound furuncle or as a group of confluent boils. In the first illustration the lumpy surface of the phlegmonous area shows the aptness of this description. In this case there are evidently several foci of necrotic tissue tending to unite and form one large slough. Upon the successful effort to prevent these necrotic foci from enlarging, through antiphlogistic applications and the injection of carbolic acid, depends in large measure the extent and duration of the disease and the character of the resulting scar.

The second illustration shows the cribriform condition of the integument which is characteristic of the latter stage of a carbuncle, with pus oozing through a large number of openings. The separate masses of sloughing tissue beneath these apertures generally unite, especially if a deep crucial incision be made, and when this large slough is removed by the natural course of suppuration or dissected out by means of forceps and scissors, a large ulcer and a disfiguring cicatrix inevitably result. When carbolic acid is injected at the outset and the small cavities are repeatedly swabbed with this remedy, the sloughing process is greatly lessened and the resulting scar is far less unsightly.





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CARBUNCULUS

PLATE VII.

CHLOASMA

CHLOASMA

Chloasma is an abnormal pigmentation of the skin usually upon the forehead, cheeks and neck. It appears in the form of irregular brownish patches and is commonly bilateral, if not symmetrical.

Its cause is obscure in most cases. The common name of "liver spots," which is often applied to this affection as well as to chromophytosis, is based upon surmise rather than upon any demonstrable relation to hepatic derangement. It occurs often during pregnancy and in connection with uterine derangement, but not with sufficient frequency to warrant the use of the name chloasma uterinum which was formerly in vogue.

It is sometimes difficult to distinguish the affection from vitiligo which is due to an opposite condition, viz., a loss of normal pigmentation. The skin surrounding patches of vitiligo is always darker than normal, and on the face this affection may look very much like chloasma. On the other hand, the normal skin surrounding a patch of chloasma is apt to look white by comparison and thus suggest vitiligo. It has been claimed that in the latter affection it is the pigmented skin, while in the former it is the white or normal skin, which shows a concave border, the abnormal patch having always a convex margin. This rule applies generally, but the accompanying illustration furnishes an exception to it, as the pigmented skin has a concave border and there was certainly no vitiligo in this case.



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CHLOASMA.

PLATE VIII.

CHROMOPHYTOSIS GUTTATA

CHROMOPHYTOSIS GUTTATA

Chromophytosis is a parasitic disease which may be regarded as being upon rather than in the skin, inasmuch as only the external layer of epidermic cells is affected by the growth of the fungus. The upper portion of the trunk is its ordinary seat. It is rarely, if ever, seen upon the face, and only in severe cases does the eruption extend down the abdomen to the pubic region.

The eruption begins in the form of minute yellowish spots, which gradually increase in size and number. By their coalescence numerous guttate or irregular patches are formed. These macular lesions are of a light yellowish brown color and may be very slightly elevated above the surface of the skin. When scratched by the fingernail a moderate degree of scaliness or roughness of the epidermis is produced. A mild pruritus is sometimes present, but usually there is no subjective sensation, and in patients who bathe rarely the eruption may exist for a long time before it is accidentally discovered.

The accompanying illustration represents a very common and typical form of the affection upon the anterior portion of the chest. The lesions, varying in size from a pin-head to a split pea, may be seen both isolated and coalescing into irregular patches. A few will be noted upon the shoulder and upper arm and distinguished by their pale chocolate or fawn color from the brownish freckles upon the extensor aspect of the forearms. The eruption was quite symmetrical, and in this case similar lesions existed upon the inter-scapular region.



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CHROMOPHYTOSIS GUTTATA.

PLATE IX.

CHROMOPHYTOSIS DIFFUSA

CHROMOPHYTOSIS DIFFUSA

The accompanying plate shows a case of chromophytosis in which the eruption was of long standing and of an unusual extent. The punctate and guttate spots which were undoubtedly present upon the upper portion of the chest at the outset are now seen only upon the lower portion of the abdomen. Elsewhere they have coalesced and formed smooth, yellowish, diffused patches with a marginate border. A notable feature of this case is the entire absence of the eruption over the sternum—a region in which it is commonly found and to which it is frequently confined. This is the result of excessive perspiration which tends to destroy the parasitic growth, while a moderate amount of persistent cutaneous moisture conduces to its development. This will account for the usual absence of the eruption in the axillary region.

It is quite uncommon to find such well marked patches upon the arms as are seen in the illustration, and only in exceptional cases does the eruption extend down upon the thigh. In severe cases a few small patches often exist unnoticed beneath the hair of the pubic region, and the frequent tendency of the disease to relapse after an apparent cure may be justly attributed to the fact that however vigorously the treatment may be applied to the rest of the affected skin, this region is very apt to be neglected or overlooked.



PLATE X.

XANTHOMA PLANUM

POMPHOLYX

MOLLUSCUM

CORNU CUTANEUM

XANTHOMA PLANUM
MOLLUSCUM

POMPHOLYX
CORNU CUTANEUM

The first illustration represents the most common form of xanthoma in its characteristic situation upon the upper eyelid. The disease begins here as a dull yellowish rounded or oval patch which slowly increases in size, for a few years perhaps. At this time, two, three or four patches have possibly developed, one on each lid near the inner canthus, and usually no further increase is noted. In rare cases the entire lids are involved.

Pompholyx is a vesicular affection which usually involves the hands and sometimes the feet. It is always symmetrical, although one hand or foot may suffer more than the other. The lesions, which have been aptly compared to sago grains imbedded in the skin, are attended with a severe burning or itching. The disease is often mistaken for acute eczema, although it bears a much stronger resemblance to pemphigus. As the disease usually occurs in neurasthenic subjects, therapeutic measures which tend to improve the general health of the patient are of prime importance.

The third illustration shows a few of the small tumors of molluscum. While these may occur upon various portions of the body, they are frequently found clustered about the eyes or mouth. I remember one striking case, seen years ago, in which a large number of whitish flattened and umbilicated mollusca on the face, presented at first glance a strong resemblance to the lesions in the pustular stage of variola.

In the fourth illustration is seen a small cutaneous horn springing from the margin of the ear. In elderly subjects a warty or corneous patch is not uncommon in this locality. In this patient a conical striated horny growth had started from such a patch. After its removal by the curette a sharply defined and deep wound was left.



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XANTHOMA PLANUM
MOLLUSCUM

POMPHOLYX
CORNU CUTANEUM

PLATE XI.

DERMATROPHIA DIFFUSA

DERMATROPHIA MACULATA

DERMATROPHIA.

Atrophy of the skin may occur as a primary or secondary affection, result from various causes and present various clinical forms. Primary or idiopathic atrophy is most frequently seen in a macular or striate form. In the macular form round or oval spots of varying size are noted most frequently upon the neck and arms. They are whitish and wrinkled and may be either depressed or elevated. In the latter case they appear like cutaneous tumors, but pressure of the finger usually shows that there is a pit or hole covered by an abnormally thin skin.

In the striate form, which is more common, numerous whitish and wrinkled streaks, wider in the center than at the ends, may be seen upon the abdomen, hips, thighs and the female breasts. Like the macules these striæ may be of a purplish-red hue and hypertrophic in an early stage of development. Soon, however, they become cicatricial in appearance, and the finger passed over them detects a furrow or depression in the skin. Both maculæ and striæ develop usually without apparent cause, increase slowly, give rise to no inconvenience and last indefinitely. In women who have borne children and in men who have been extremely corpulent the stretching of the skin may give rise to striate atrophy.

Diffuse idiopathic atrophy is comparatively rare, and in the few cases reported the extremities have usually suffered. The skin becomes thin and wrinkled and loses its elasticity so that a fold pinched between thumb and finger will remain elevated for some time. The veins are apt to be very prominent over the atrophied surface.

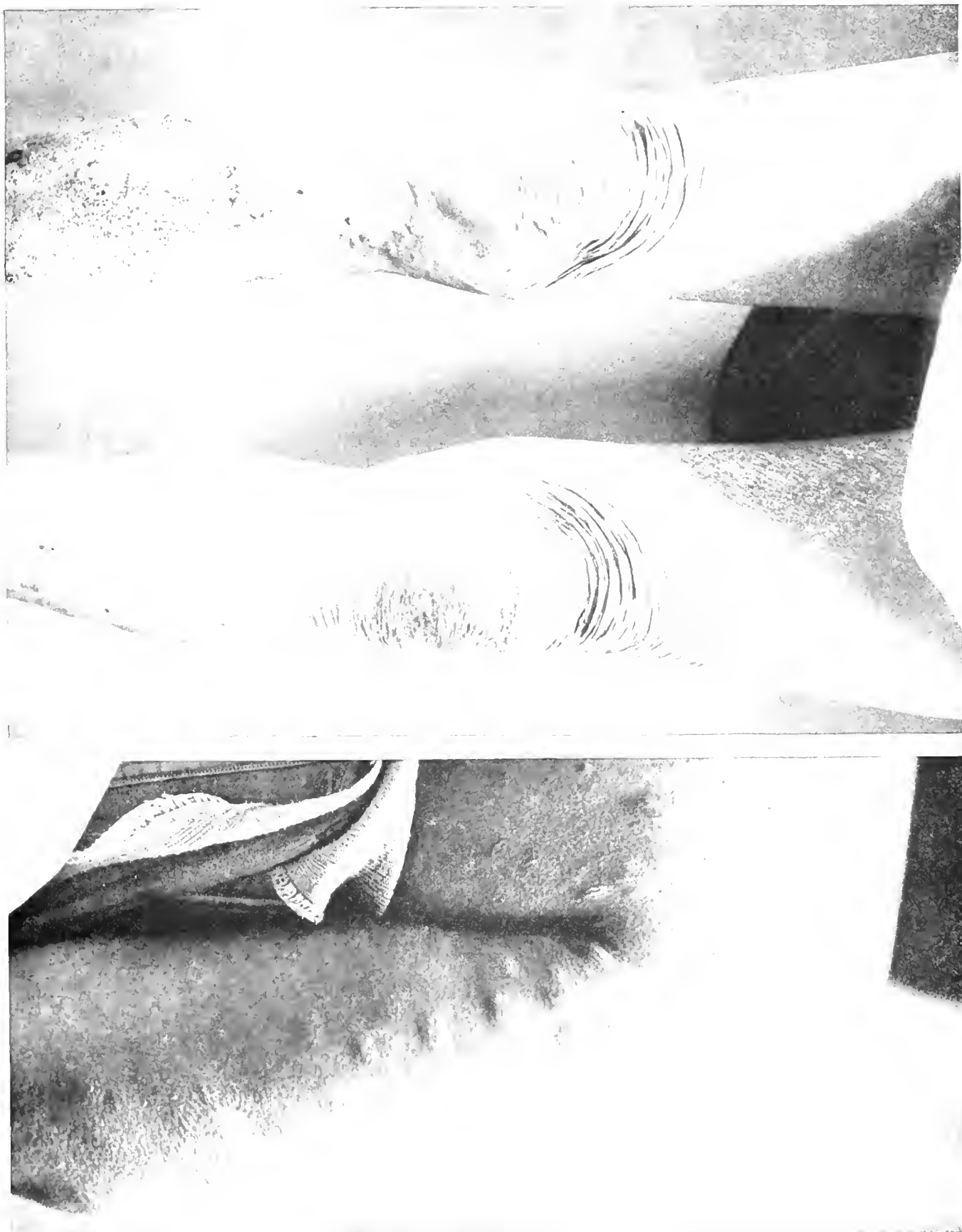


PLATE XII.

DERMATITIS EXFOLIATIVA

DERMATITIS EXFOLIATIVA

Dermatitis exfoliativa is used by some writers as a synonym of pityriasis rubra (of Hebra). A distinction should be made, however, since the former disease runs an acute course in many cases and is always amenable to treatment, while the latter disease, although it may begin as an exfoliative dermatitis, tends to grow worse in spite of treatment and finally results in a smooth, reddened, atrophied skin and terminates fatally.

The scaling in this disease is peculiar, the epidermis peeling in large papery flakes. These often curl at the free borders while remaining attached in the centre to the subjacent skin. There is never any moisture of the surface as in eczema, nor any accumulation of silvery epidermic masses as in psoriasis. In exceptional cases a few bullæ may develop upon the surface and the eruption bear a strong resemblance to pemphigus foliaceus.

The patient whose trunk and arms are well portrayed in the plate was sent to the Skin and Cancer Hospital by Dr. Martin Burke. The eruption had developed rapidly and involved the entire body in a few weeks. Under the administration of alkaline diuretics the redness of the skin faded, the scaling gradually lessened, and in two months she left the hospital with an almost normal skin.



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DERMATITIS EXFOLIATIVA.

PLATE XIII.

DERMATITIS MEDICAMENTOSA

DERMATITIS MEDICAMENTOSA

The toxic eruptions resulting from the administration of various drugs as well as from the ingestion of certain articles of food are usually of an erythematous form and appear as a roseola or as a diffused congestion of the skin. Papular, vesicular, nodular and urticarial forms are also met with. In some cases of drug eruption the offending substance circulating in the blood acts upon the vasomotor centres and thus affects the skin, while in other cases the eruption is directly due to the irritation resulting from the cutaneous elimination of the drug.

The eruption resulting from the administration of the balsam of copaiba has always been one of the most common forms of dermatitis medicamentosa, particularly in clinics for venereal disease. It usually assumes the form of an acute maculo-papular eruption of a bright, rosy hue, and but slightly elevated above the surface of the skin. It is commonly seen upon the extensor aspect of the extremities but may affect the trunk and other parts.

The subject of the illustration presented an unusually extensive eruption which had all the clinical appearances of an erythema multiforme. In fact, had it not been for the rosy tint of the lesions and their speedy disappearance after the discontinuance of the drug, the eruption might have been regarded as a typical case of exudative erythema of the papular form.



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DERMATITIS MEDICAMENTOSA.

PLATE XIV.

DERMATITIS MEDICAMENTOSA

DERMATITIS MEDICAMENTOSA

Three of the eruptions portrayed in the accompanying plate show the eruption produced in children by the administration of a bromide. This eruption looks very much like a pustular or tubercular syphilide, and in the case shown in the second illustration, I made an erroneous diagnosis and treated the child for syphilis for some time before the true nature of the eruption was discovered. The child had first taken some bromide in a cough mixture, and when the eruption appeared, larger doses had been given to lessen its irritability. The lesions of the bromide eruption are spongy and inflammatory in character, often soaked with pus, and ought not to be confounded with the firmer nodules caused by syphilis. They may occur upon the face and neck or other portions of the body, but in my experience are most common upon the lower extremities. They are usually flattened or condylomatous and prone to appear in groups.

Frequently the eruption appears after minute doses of any bromide and often persists after the discontinuance of the drug. The application of a carbolic lotion in gradually increasing strength is one of the best applications.

The fourth illustration shows a general eruption of a papular character, caused by the administration of copaiba. It resembles a multiform erythema, as is usually the case. The lesions speedily disappear after the discontinuance of the drug, and usually with no desquamation.



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DERMATITIS MEDICAMENTOSA

1, 2 & 3. BROMIDE ERUPTION

4. COPAIBA ERUPTION

PLATE XV.

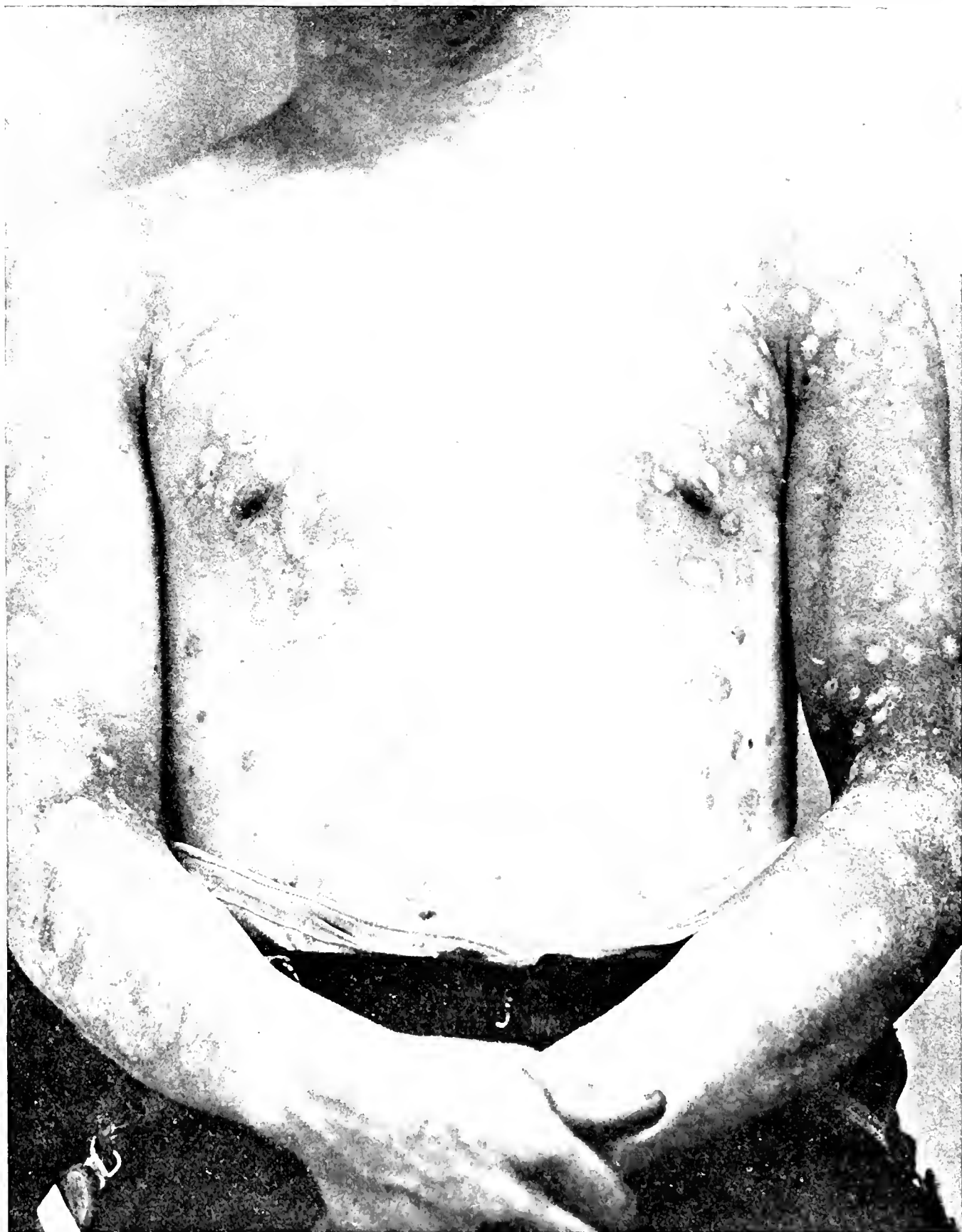
DERMATITIS VENENATA

DERMATITIS VENENATA

Dermatitis from the local use of chrysarobin in the treatment of psoriasis, chronic eczema and other skin diseases is an incidental effect which is as unavoidable as it is undesirable. When used in the form of an ointment and well rubbed into infiltrated patches it seems almost impossible to prevent the surrounding skin from becoming inflamed if the best results of this most valuable remedy are attained. A diffused redness is first noted and this often spreads to parts beyond the area to which the ointment has been applied. In certain cases an unexpected and painful congestion of the skin is occasioned with severe itching, swelling of the glands, slight fever and loss of sleep. When the application of the drug is discontinued the bright scarlet hue of the inflamed skin gradually changes to an Indian red tint. In a few days more or less desquamation occurs and soon a skin of normal whiteness is left.

Upon the face chrysarobin should be used with great caution, if at all, owing to the danger of exciting a severe conjunctivitis. Even when used elsewhere the patient should be cautioned against rubbing the eyes while any ointment remains upon the fingers. Upon the scalp the remedy is usually objectionable on account of the purplish color of the hair which is apt to result from its continued use.

The plate shows all that is left of numerous discs of psoriasis after the use of a chrysarobin ointment. Instead of red or scaly spots upon a white background of normal skin, the reverse is seen. The infiltrated discs have become smooth and white and present a strong contrast with the red staining of the surrounding skin.



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DERMATITIS VENENATA.
EX USU CHRYSAROBINI.

PLATE XVI.

DERMATITIS VENENATA

DERMATITIS VENENATA

Among the various forms of dermatitis resulting from the action upon the skin of toxic agents, whether animal, vegetable or chemical, the poison ivy eruption is one of the most common.

It usually appears as a vesicular dermatitis upon the backs of the hands and rapidly extends upon the forearms. In most cases the face and other parts touched by the hands are simultaneously affected.

In the illustration the vesicles are seen to be both isolated and aggregated. They spring from a highly inflamed base and vary greatly in size. Their coalescence has produced bullæ, which are both of linear and irregular form. Although in this particular case the dermatitis followed the handling of leaves of the *Rhus toxicodendron*, it must be borne in mind that an eruption identical in appearance may sometimes appear upon the hands, forearms and face of those who have handled nothing poisonous so far as can be ascertained. In some cases a vesicular or bullous dermatitis occurring annually and running an acute course may follow a severe attack of rhus poisoning.

The poison ivy eruption usually runs its course in a few days or a week, unless the patient has an eczematous tendency which may aggravate and prolong the eruption. Its course is but slightly modified by any of the local applications commonly used and to which a marvelous efficacy is often ascribed. A lotion of lime water or a bicarbonate of sodium solution is quite as beneficial as any of the remedies which have been most highly recommended.



PLATE XVII.

DERMATITIS HERPETIFORMIS

DERMATITIS HERPETIFORMIS.

Dermatitis herpetiformis is an inflammatory affection of the skin, characterized by polymorphic lesions, intense itching and a chronic course with marked exacerbations. The disease varies in appearance in different cases, sometimes presenting erythematous discs and rings as well as vesicles and resembling the vesicular form of erythema multiforme, and again presenting large bullæ which bear a strong resemblance to the lesions of pemphigus.

In most cases the lesions are vesicular and grouped, but the inevitable scratching tends to destroy this typical appearance, and hence the diagnosis in doubtful cases must be based upon the course of the disease rather than upon the appearance of the skin.

The patient, though often of robust physique, usually presents a marked neurotic appearance and plainly shows the effect of loss of sleep from constant irritation of the skin. The eruption may be limited to the head, trunk or extremities, or, in a severe case, involve the greater portion of the body. The individual lesions run a short course, but fresh crops make the disease an essentially chronic one. The eruption often improves spontaneously and may entirely disappear, but repeated relapses are a notable feature of its course.

The plate shows the grouping of the lesions and their vesicular character quite plainly upon the neck. The patient was in fair general health, but for eight years had suffered from frequent attacks, lasting a few days or a few weeks, with intervals ranging from one to six months.



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DERMATITIS HERPETIFORMIS.

PLATE XVIII.

DERMATITIS HERPETIFORMIS

DERMATITIS HERPETIFORMIS

The first illustration shows the grouping of the lesions of dermatitis herpetiformis in a most characteristic form. These are usually vesicular at the outset, but rarely as well developed as the grouped vesicles of zoster and never so closely aggregated. Owing to the intense pruritus which generally accompanies the eruption, the vesicles are quickly destroyed by scratching, and only groups of excoriated papules or minute abrasions are to be seen.

The disease usually occurs in adult life, but may occasionally be met with in young children. The patient shown in the illustration was a girl of thirteen. She was treated at the Skin and Cancer Hospital and apparently cured, but in all probability has since suffered from the recurrent attacks which are always to be expected.

The second illustration shows a well-marked case of the bullous form of the disease. The lesions in this case were not grouped to any extent but covered the greater portion of the body, and were even noted in the oral cavity and in the rectum. They showed little or no tendency to coalesce, as in pemphigus, but remained isolated for the most part in spite of the great number of lesions. With every fresh outbreak numerous blebs could be seen, but these were quickly transformed by scratching into small ulcers or inflamed and crusted lesions. When the crusts fell, purplish-red spots remained for a long time.

This patient was under my observation for several years, and though well at times was always liable to a sudden and acute outbreak, for which no cause could be assigned and no remedy found which seemed to have any special value.

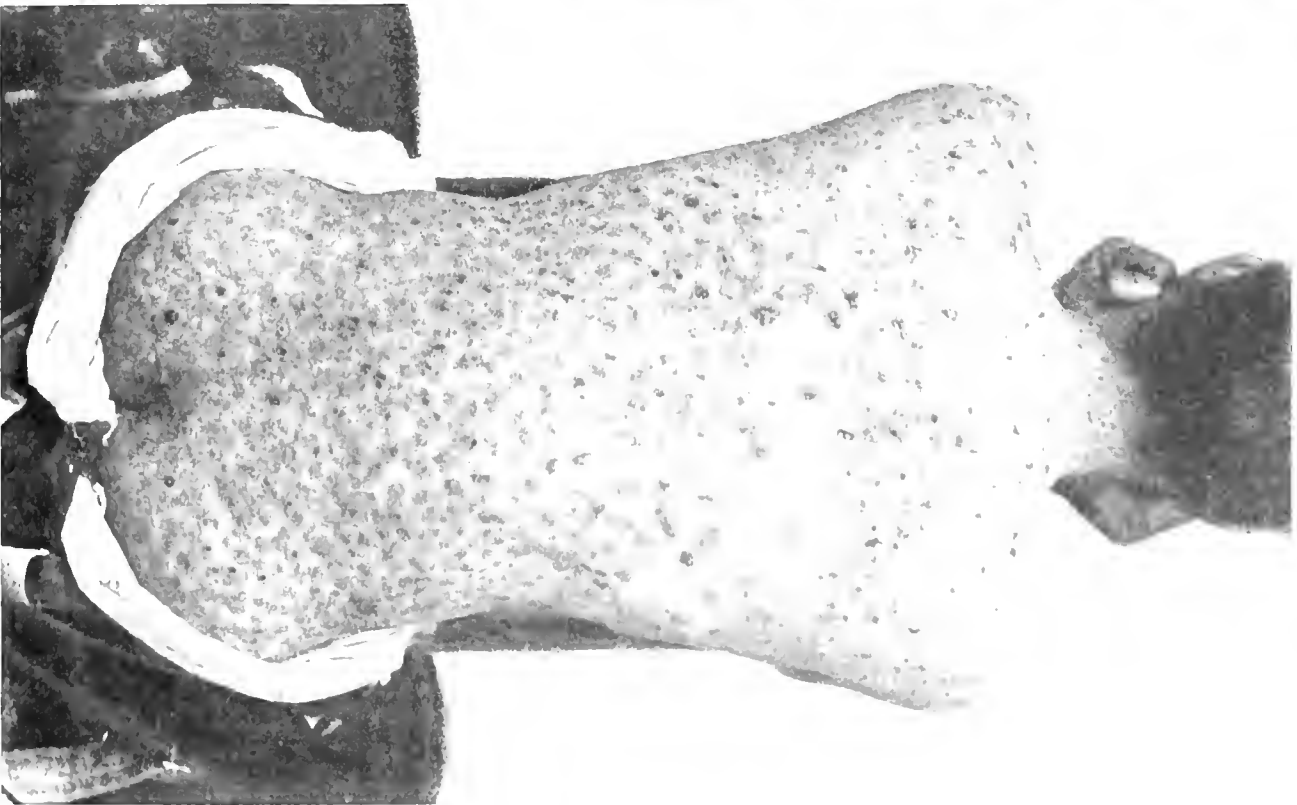
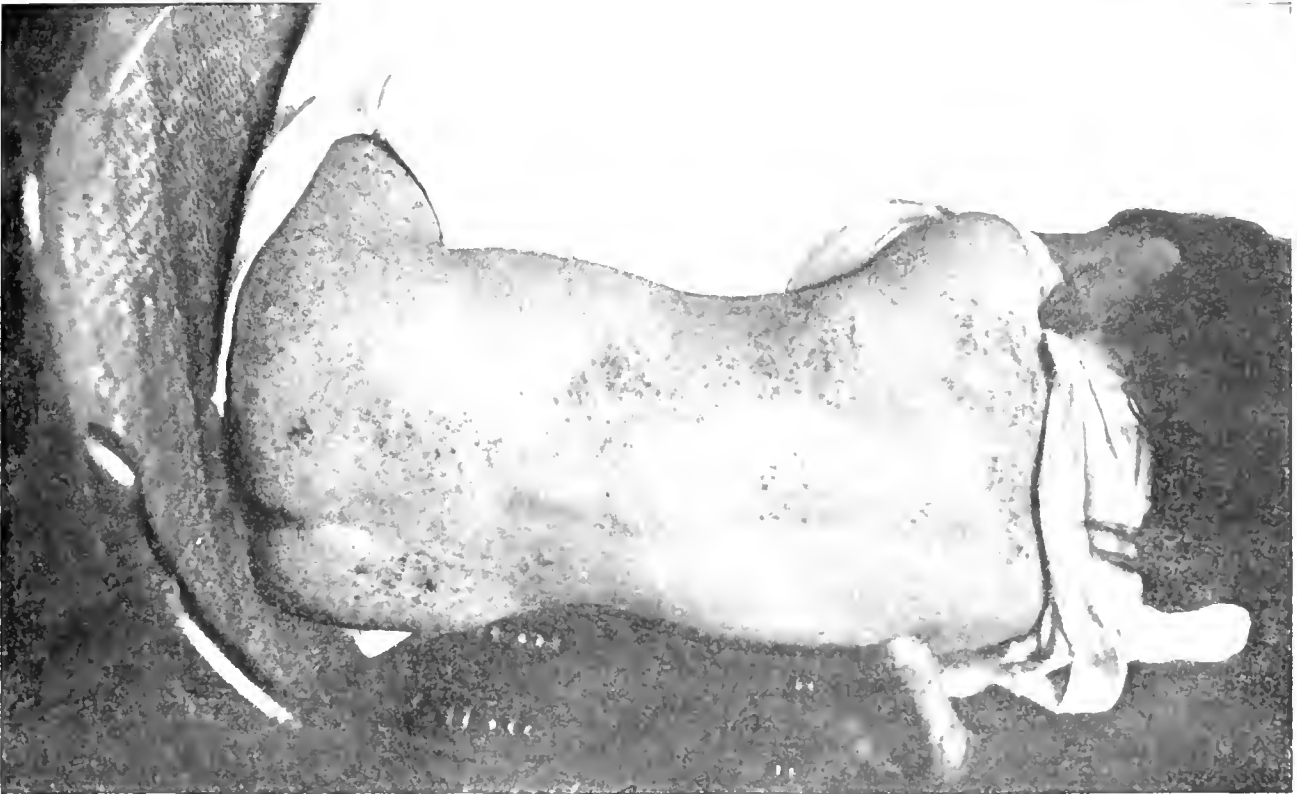


PLATE XIX.

ECZEMA ERYTHEMATOSUM

ECZEMA ERYTHEMATOSUM

This patient, seventy-one years of age, had suffered more or less from eczema for twenty years. It had been chiefly confined to the face but occasionally affected other parts of the body. The skin upon the forehead and cheeks was of a dull red hue and thickened to such a degree that the natural furrows were greatly exaggerated. The itching of the affected parts was intense and the eyebrows had been scratched or rubbed so persistently that only a short stubble-like growth of hair remained. A chronic conjunctivitis caused constant lachrymation with thickening of the lids and prevented the complete opening of one eye.

The patient was a great eater of meat and suffered from constipation. A change of diet with an alkaline diuretic taken in copious draughts of water improved his general condition, while an ointment containing ten per cent. of oil of cade relieved the intolerable pruritus.

While erythematous eczema may occur upon various portions of the body the illustration shows its favorite seat about the eyes. In this location it is often an extremely persistent and annoying affection even while the redness and roughness of the skin is scarcely noticeable.



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ECZEMA ERYTHEMATOSUM.

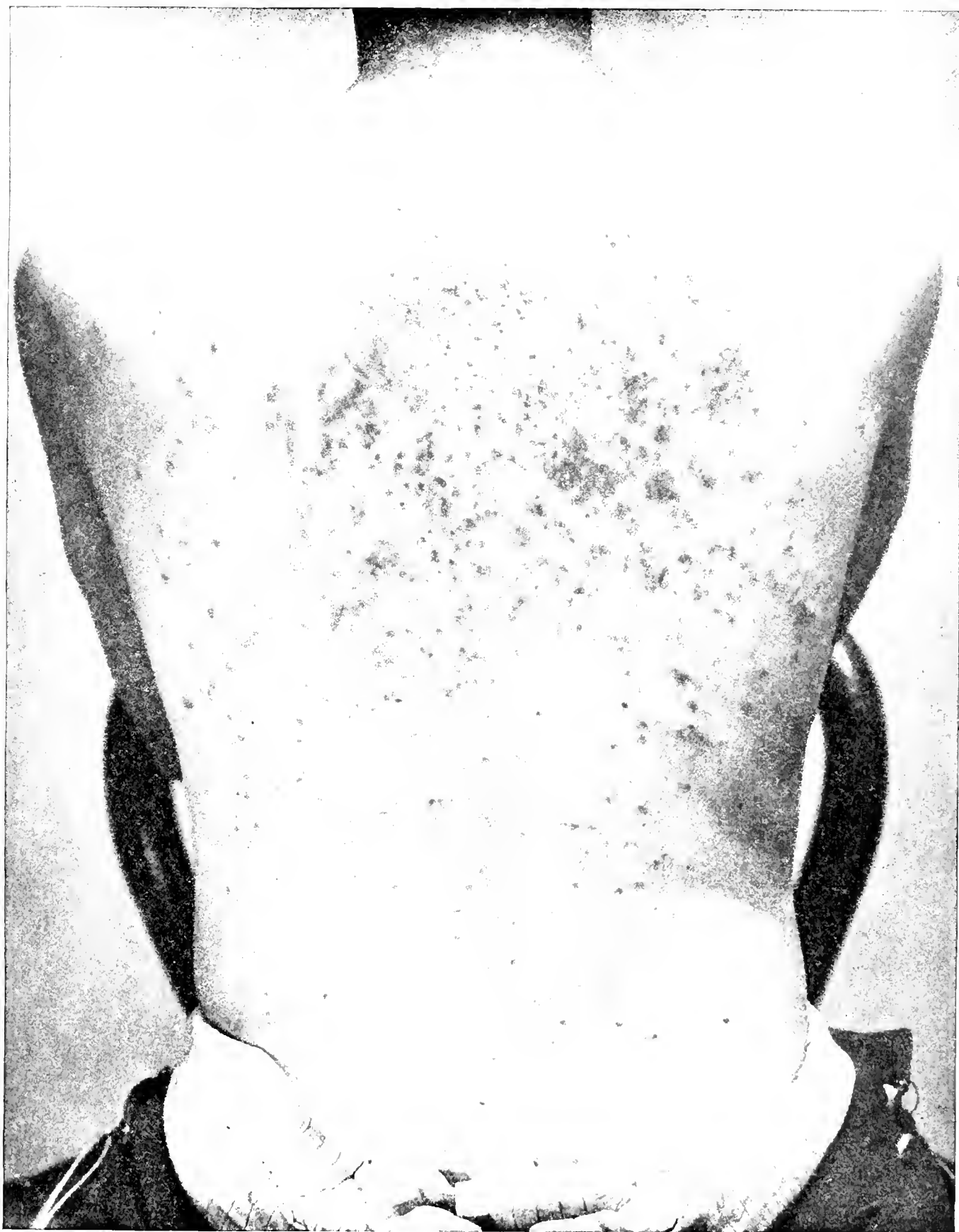
PLATE XX.

ECZEMA PAPULOSUM

ECZEMA PAPULOSUM

While in most cases of eczema we find a diffused inflammation of the skin, in the papular form of the disease the congestion begins in and is limited to the follicular plexus. A small red papule is thereby produced which is very apt to become excoriated by the finger nails, owing to the intense itching which is a prominent feature of the disease in every form. When the lesions remain discrete the eruption is a dry one and to this condition the older dermatologists applied the term "lichen." But in most cases of papular eczema the lesions tend to aggregate in groups and by increase in number to form diffused patches, which soon present the moist exuding surface, which is the most characteristic symptom of eczematous inflammation. It is for this reason that the old term lichen simplex has become obsolete, and the eruption is now generally recognized as a form of eczema. In scabies urticaria and prurigo the papular form of eczema is often artificially produced by the irritation of the skin resulting from continued scratching, but frequently the eruption is of internal origin and develops spontaneously. It may occur upon various portions of the body, and is often noted in the vicinity of an exuding patch.

In the accompanying plate discrete papular lesions are seen scattered over the back, while in the interscapular region the tendency to grouping and the formation of inflamed patches is clearly shown. The eruption was of an acute character in this patient, and quickly yielded to zinc ointment locally, with twenty grains of acetate of potash taken in a tumbler of water before each meal.



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ECZEMA PAPULOSUM.

PLATE XXI.

ECZEMA IMPETIGINOSUM

ECZEMA IMPETIGINOSUM

The term impetigo was formerly applied to various eruptions characterized by crusting and most of which were undoubtedly forms of eczema. At the present time there exists a diversity of opinion as to the existence of a simple non-eczematous impetigo. The name is still used by some writers and applied to the small rounded pustules arising from local infection.

The impetiginous or crusted form of eczema is an affection which is primarily of internal origin, but secondary pus infection of the skin often occurs and complicates the disease. Upon the face of nursing infants it is frequently seen and represents the "crusta lactea" of older writers. When there is a purulent, in place of a serous, discharge, the crusting often becomes very thick and of a dirty yellowish brown color. This falls spontaneously when the inflammatory process subsides, leaving a reddened skin, but as a rule no permanent trace of the eruption is left.

The upper illustration in the accompanying plate shows the condition of the face so frequently seen in infantile eczema. A high grade of inflammation is usually present. The profuse serous discharge dries upon the surface of the skin and, mingled with the hemorrhage occasioned by the inevitable scratching, presents a dark reddish friable pellicle which soon becomes broken by the muscular movement when the little patient cries.

The lower illustration shows a form of eczema in which minute vesico-pustules develop and a profuse honey-like discharge dries upon the surface of the skin and forms a thick gummy crust of yellowish hue.



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ECZEMA IMPETIGINOSUM.

PLATE XXII.

ECZEMA SQUAMOSUM

ECZEMA SQUAMOSUM.

The squamous form of eczema is one very frequently met with, since nearly every case of diffuse eczema tends to become more or less scaly before it disappears. The amount of scaling varies greatly in different cases, ranging from a slight mealiness of the skin to thick whitish masses or irregular flakes of epidermis curling up at the margin. When the scales are thick and whitish and the patches are isolated and numerous the appearance of eruption may suggest psoriasis, but the rounded and circumscribed character of psoriatic patches is always lacking in eczema. When the epidermis cracks and peels at the border a slight resemblance to ichthyosis results, but the absence of any polygonal arrangement of the horny plates and the redness and other symptoms of inflammation should prevent any error in diagnosis.

The patient represented in the accompanying plate was shown at a meeting of the New York Dermatological Society by Dr. Robinson. The eruption had begun upon the legs, and gradually extended upward on the thighs with a marginate border which is quite unusual, since in eczematous patches generally the disease shades off gradually into the healthy skin. Although the eruption when photographed was dry and squamous, it had passed through an exudative stage when moisture and crusting were prominent symptoms. Upon the thighs are seen patches from which the scales had been removed by scratching, and which were red and moist (*eczema rubrum*).



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ECZEMA SQUAMOSUM.

PLATE XXIII.

ECZEMA CRURIS

ECZEMA CRURIS

To the student of physiognomy not alone the face but nearly every portion of the body presents characteristic features which indicate the temperament and general physical condition of a patient. The color of the skin, the contour of the joints, the firmness or flabbiness of the subcutaneous tissue—all may furnish unmistakable indications of systemic conditions which determine the clinical form, the chronicity, and often the therapeutic indications in a case of crural eczema.

The accompanying plate shows two legs belonging, respectively, to two female patients and presenting a contrast which makes them well worthy of study apart from their dermatological interest. Compare the knees for an instant and see how easy it is to recognize what the older physicians were wont to describe as the nervous and the phlegmatic temperaments. As a natural result of this temperament, diathesis, general physical condition or whatever it may be termed, we have in the one case a typical neurotic eczema—a dry, scaly, pruriginous, chronic and rebellious patch; while in the other case we have a typical exuding eczema—a moist, swollen, acute, and crusted patch far more amenable to local treatment. In the former case a five per cent. ointment of chrysarobin was used locally while every effort was made to improve the health of the patient. In the latter case the application of vulcanized rubber cloth quickly removed the crusts and checked the discharge.



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ECZEMA CRURIS.

PLATE XXIV.

ECZEMA MANUS

- | | |
|-------------------|--------------|
| A. ICHOROSUM | C. SQUAMOSUM |
| B. CIRCUMSCRIPTUM | D. FISSUM |

ECZEMA MANUS

Eczema of the hand, though usually of internal origin, is often greatly aggravated by external irritation. Its persistence may be due in great measure to the occupation of the patient, and the eruption is frequently seen in washerwomen, bartenders, bricklayers and those who handle corrosive chemicals. Occurring upon the palm the eruption is usually dry and scaly and presents certain clinical peculiarities due to the thickness of the epidermis in this locality.

The illustration in the upper left corner of the plate shows a typical papular and exuding eczema similar to that which is seen upon other portions of the body. Upon the back of the hands eczema is very apt to appear in the form of moist, orbicular patches of an extremely obstinate character.

The upper right illustration shows a common form of squamous eczema which bears a strong resemblance to psoriasis of the palm. It is indeed a difficult matter to distinguish palmar psoriasis from some cases of palmar eczema by an examination of the palm alone. The characteristic psoriatic eruption upon other parts is generally the basis of the diagnosis.

The lower left palm shows a marginate exfoliation of the thickened epidermis which is unusual since eczema, as a rule, has no circumscribed border, but gradually fades away into healthy skin.

The lower right illustration presents a rather common form of chronic palmar eczema in which desquamation has ceased and redness, thickening and fissuring are the chief clinical features of the disease.



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A. ICHTHIOSUM.

B. CIRCUMSCRIPTUM.

ECZEMA

C. SQUAMOSUM.

D. FISSUM.

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